THE NATIONAL ARCHIVES

CERT. NO. 868560

PENSIONER: Eliza

Widow OF

VETERAN: John Le Roy

CAN NO: 62061 BUNDLE NO. 21

Adjutant General's Office, Wisconsin—Pension Division.

GENERAL AFFIDAVIT FOR ANY PURPOSE.

In the matter of the Invalid Pension Claim

No. 394390, acc't of John Le Roy,
(Here Give Soldier's Name.)

late a Private, of Co. "I" 31st Regiment Wis Vol Infty
(Rank.)

State of Wisconsin, County of Outagamie } ss.

On this 5th day of March, A. D. 1891, personally appeared before me John Le Roy, a respectable citizen and entitled to credit, who being duly sworn says that he is a resident of Wrightstown, in the County of Brown State of Wisconsin, his post-office address is Wrightstown Brown Co Wis and is 51 years old; that He is the indentical John Le Roy who was a private in Co. "I" 31st Regt Wis Infty and who was honorably discharged there-from, at Louisville Ky on the 8th day of July 1865. And that he has not been in the Military or Naval service of the United States, since the 8th day of July 1865.

PENSION OFFICE
MAR 16 1891
U

May 19/91

~~he further declares that he has no interest in said claim.~~

Attest when any Affiant signs by MARK [2 persons.]

.... Signature of Affiant. John LeRoy

....

Subscribed and sworn to before me, this 5th *day of* March, *1891, and I certify that the foregoing affidavit was read and explained to affiant before he signed the same, that the certificate of my authority to act as* Notary Public *is*

(Notary public, or justice of the peace, etc.) (On file with the Bureau of Pensions ~~or attached hereto, as the case may be.~~)

....

...................................., *and that I have no interest, direct or indirect, in this claim.*

Official Signature D J Mathys
Notary Public Wis

N. B.—This affidavit is worthless unless the officer before whom the same is executed has the certificate of his authority to act on file with the Bureau of Pensions, or unless such a certificate is attached hereto, or unless the affidavit is executed before a clerk of the court.

State of ...., *County of* .... } *ss.*

I .... *Clerk of the Court in and for the County and State above named, do hereby certify that* .... *Esq., before whom the foregoing affidavit was made, and who has thereto signed his name was, at the time of so doing, a* .... *in and for the county and State above named, duly commissioned and sworn; that all his official acts as such are entitled to full faith and credit, and that his signature thereto is genuine.*

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my official seal, this ....
day of ...., *189*...

.... *Clerk.*

ADDITIONAL EVIDENCE.

Incr: Invalid ... *Pension Claim.*
No 392390
Acc't of John LeRoy
late Private *Co.* "D" 31st *Rg't,*
Wis. Vol. Infty

PENSION OFFICE
MAR 16 1891

THE ADJUTANT GENERAL
OF WISCONSIN,
ATTORNEY,
MADISON, - WIS.

Forwarded ...., *189*...

WAR OF 1861.

Declaration for Invalid Army Pension.

STATE OF Wisconsin **COUNTY OF** Brown, **ss:**

On this 4th day of May One Thousand Eight Hundred and Eighty personally appeared before me, Odin P Bolgund Clerk of the Circuit Court within and for the County and State aforesaid, John Leroy aged 40 years, and a resident of Wrightstown County of Brown and State of Wisconsin who being duly sworn according to law, declares that he is the identical John Leroy who enlisted in the service of the United States at Green Lake Co County of and State of Wis on the 20th day of Nov 1864, as a private in Company "I" commanded by Captain Martin C Short in the 31st Regiment of Wis Infty Volunteers in the War of 1861, and honorably discharged at Louisville State of Ky on the 8th day of July 1865. That while in the service aforesaid and in the line of duty as a soldier at or near a place called Bentonville State of S.C. on or about the 18th day of March 1865.

While following up the rebals at the Battle of Bentonville S.C. he dislocated his right ankle Disabling him for the performance of Manual Labor. For which he prays a pension.

Received ~~Hospital~~ treatment, as follows: 1st By Regimental Surgeon at Bentonville S.C.

Since leaving the service he resided mostly at or near Wrightstown Wis His occupation has been Farming When enrolled he was a Farmer And for the purpose of prosecuting his claim he hereby appoints P. H. FITZGERALD & CO., of Indianapolis, Indiana, his attorneys in fact, with full power of substitution.

His post office address is Wrightstown County of Brown State of Wis

If mark is made, have two witnesses sign here.

1 John LeRoy

Signature of Claimant.

June 28/80

Also, personally appeared D. H. Grignon *and* Adam Spuhler *of the County of* Brown *and State of* Wisconsin *whom I certify to be respectable and entitled to credit, and who being by me duly sworn, say that they were present and saw* John LeRoy *to the foregoing declaration. And they further say, that from the appearance of the applicant and their acquaintance with him, that he is the person he represents himself to be.*

They further state that they have no interest in the prosecution of this claim.

When signed by marks, two persons must sign as witnesses to mark.		Signatures of two identifying witnesses.	[2] D. H. Grignon
			[2] Adam Spuhler

Sworn to, acknowledged and subscribed before me, this 4th *day of* May *18*80 *and I hereby certify that the contents of the foregoing declaration of claimant and affidavit of witnesses was made known to each of them before administering the oath; and that I have no interest, direct or indirect, in the prosecution of this claim.*

Official Signatures.

[3] Clerk Circuit Court Brown Co. Wis.

The law requires that this application must be executed before a Clerk or a Judge of a Court of Record.

WAR OF 1861.

DEPARTMENT OF THE INTERIOR
JUN 28 1880
PENSION OFFICE.

Invalid Pension.

CLAIM OF

John LeRoy

of Capt. Martin C. Short

Co. "I" Reg't 31st

Wis Vols

P. O. Wrightstown

County Brown

State Wis

FILED BY
P. H. FITZGERALD & CO.,
U. S. CLAIM ATTORNEYS,
INDIANAPOLIS, IND.

Douglass & Carlon, Print.

ACT JUNE 27th, 1890

3–402.

Certificate No. 620.716

Name, John Le Roy

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., January 15, 1898.

Sir:

In forwarding to the pension agent the executed voucher for your next quarterly payment please favor me by returning this circular to him with replies to the questions enumerated below.

Very respectfully,

John Le Roy
Wrightstown
Wis

H Clay Evans
Commissioner of Pensions.

First. Are you married? If so, please state your wife's full name and her maiden name.

Answer. Eliza Le Roy Eliza Victor

Second. When, where, and by whom were you married?

Answer. Jan 18 1869, Wrightstown Wis, D.O. Johnson

Third. What record of marriage exists?

Answer. Justice Record

Fourth. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce.

Answer. No.

Fifth. Have you any children living? If so, please state their names and the dates of their birth.

Answer. Yes. John S. Leroy - 1871 - June 25
Josephine 1874 - Jan 16
Mary 1876 - April 23
Ida 1879 - Feb 23
Frank Le Roy
1881 - Nov 26.
Fred. Le Roy 1887 Feb 18
Leo. 1888 Oct 16.
Gertrude - 1891 Sep 4.
Sherman - 1894 Sep 19.

John Le Roy
(Signature.)

Date of reply, July 4, 1898

0-8

5301b750m1-98

RETURN TO
U. S. PENSION AGENCY,
MILWAUKEE, WIS.

See Inv. Cert #620716

HR.

✓

3—732

Cert. No. 808560

Act of April 19, 1908

Eliza,

Widow of

John Le Roy

Rank Priv

Company I

Regiment 31" Wis Inf

Rate per Month $12

Commencing Apr 13" 1916

Ending

Agency or Group No. Group 1

Issued June 2" 1916, 191

6—3387

EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN ORIGINAL APPLICANT.

No. 392,390

Name of claimant, John LeRoy

Rank, Private

Company, I

Regiment, 31st

State, Wisconsin

EXAMINING SURGEON'S ADDRESS:

Post office, Fort Howard

County, Brown

State, Wisconsin

Date of examination, March 28th, 1883.

I **hereby certify** That I have carefully examined this applicant, who claims that while in the service of the United States, at or near a place named Bentonville N.C., and while in line of duty, on or about the 19th day of March, 1865, he incurred Dislocation of right ankle, and that in consequence thereof he is ~~one fourth~~ disabled for earning his subsistence by manual labor.

Cause of disability and the degree.

Particular description.

He states that he is 43 years of age, that he weighs 133 pounds, and that he is 5 feet 9 inches in height.

His pulse-rate per minute is 76, his respiration 18, and his temperature 99 1/10.

The examination reveals the following facts:

Give the rational and physical signs so fully that *how* and *why* and *how much* the claimant is disabled shall clearly appear. When there are neither structural changes nor physical nor rational signs in support of the claim, that fact should be stated. The rating should be made in compliance with the "Instructions."

I find some deformity of the right ankle and foot with the following change of structure. There is a hypertrophied condition of the outer malleoli, also of the outer and dorsal side of the foot just in front of the ankle joint resulting from organized products of inflammation. The foot, around the heel and instep measures three fourths of an inch more than the other. There is no anchylosis of the joint but he alleges a little stiffness of the same also that walking causes lameness and sometimes swelling of the joint.

It must be borne in mind that the duty of the Surgeon is to give an opinion as to the proportionate degree of disability, as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

From the condition and history of the claimant, it is my opinion the disability was ______ incurred in the service as claimed, and that it is not aggravated or protracted by vicious habits.

I find the disability as above described to entitle him to one fourth rating.

Wm. H. Bartran

Examining Surgeon.

Always forward a certificate of examination whether a disability is found to exist or not.

1 1

SURGEON'S CERTIFICATE

IN CASE OF

John Le Roy

Co. D, 31st Reg't Wis. volns.

Application for Pension

No. 392.390

Date of Examination: March 28th 1883

Wm. H. Bartran
Examining Surgeon.

Post Office, Fort Howard

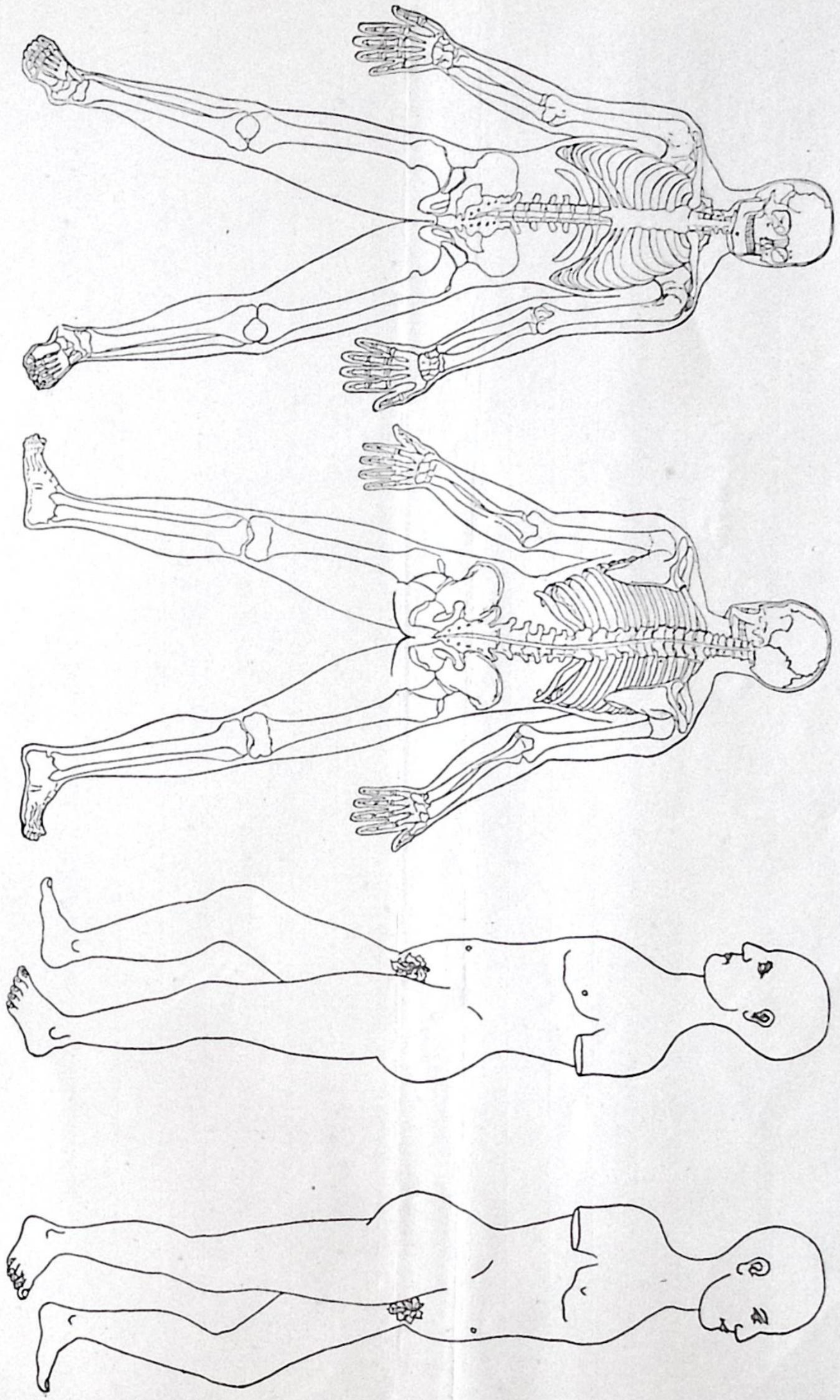
County, Brown

State, Wisconsin

P. S.—Write Post Office address plain and in full.

[10,000—100 M.] ELECTRO'S.

PENSION
APR 2 1883
U.S.
OFFICE



STATE OF WISCONSIN, COUNTY OF BROWN, } ss.
OFFICE OF CLERK OF CIRCUIT COURT.

I, Edw. P. Boland, *Clerk of the Circuit Court of the County of Brown, in the State of Wisconsin, the said Court being a court of record and having a seal, do hereby certify that* Charles B. Brown *Esquire, whose name appears subscribed to the annexed instrument, was, at the date thereof, a Notary Public within and for said State, residing in said County, duly appointed and qualified and empowered by the laws of said State to administer oaths, take acknowledgments of deeds, and perform such other duties as by the law of nations or according to commercial usage may be performed by Notaries Public; and that to his acts and attestations, as such, full faith and credit are and ought to be given in court and out. I further certify that I verily believe said signature, purporting to be his, is genuine; that the seal thereto attached is a correct impression of his official seal; and that said instrument is executed and acknowledged according to the laws of said State.*

In Witness Whereof, *I have hereunto set my hand and affixed the seal of said Court, at Green Bay in said County and State, on this* Twenty Second *day of* September *A D. 1885.*

Edw. P. Boland
Clerk of Circuit Court, as aforesaid.

No. 1. (3—108 A.) No. 1.

ORIGINAL.

(FOR A SINGLE SURGEON.)

Claim No. 392396

Name of the claimant, John LeRoy

Rank, Priv

Company, I

Regiment, 31st Wis Vols. I.

Post-office address, Wrightstown Brown Co Wis

ADDRESS OF THE SURGEON:

Post office, Green Bay

County, Brown

State, Wis.

Date of examination, Sept. 16, 1885.

I HEREBY CERTIFY that in compliance with the requirements of the law* I have carefully examined this applicant, who claims that while in the service of the United States at or near a place named Bentonville N.C., and that while in line of duty, on or about the 18th day of March, 1865, he incurred dislocation of right ankle and injury to the right foot

Cause of disability.

Degree of disability.

and that in consequence thereof he is 1/2 disabled for earning his subsistence by manual labor.

His pulse-rate is 104 per minute; his respiration 30; his temperature 100; his height is 5 feet and 7 1/2 inches; he weighs 135 pounds, and states that he is 46 years of age.

Here give the statement of the claimant fully, but as compactly as possible.

Touching the cause and degree of the disability for which he claims a pension, he makes the following statement: While double quicking with his Regt in the fight at Bentonville N.C. he turned the right ankle outwards and injured the bones of the right foot. He was laid up three weeks & moved with the Regt in an ambulance. He then made short marches toward Washington going bare footed by reason of the painful condition of the foot. The foot gradually grew worse till he was discharged in July 1865. In August following he became completely disabled and remained so for a year during which time abscesses formed and pieces of bone were discharged from the foot. The foot is now painful weak and ankle turns easily and he can not work over half of the time.

SUBJECTIVE SYMPTOMS.

Here give a full symptom picture of the case, embracing all the physical and rational signs, but confining it to the *present* condition of the claimant.

The examination reveals the following objective facts in support of his statements: I find a cicatrix over middle Cuneiform bone of right foot and another over 4th Metacarpal bone about two inches from the first toward the toes; the tissues underneath and around which are indurated and periosteum thickened. These cicatrices are evidently the result of former abscesses. The ankle is normal except a weakness of ligaments which permits easy luxation. The disability of the foot and ankle is half as great as anchylosis of the ankle

OBJECTIVE SYMPTOMS.

Here give the rating for *each* cause of disability, and state the aggregate.

From the existing condition and the history of this claimant, as stated by himself, it is, in my judgment, ______ probable that the disability was incurred in the service as he claims, and that it has not been aggravated or prolonged by vicious habits. He is, in my opinion, entitled to a 1/2 total rating for the disability caused by injury to ankle & foot for that caused by ——, and —— for that caused by ——, the sum of which aggregates ——

* See the back.

B C Brett

Examining Surgeon.

1 (3—108 A.) 1

SURGEON'S CERTIFICATE

(FOR A SINGLE SURGEON)

IN CASE OF

John Le Roy

Co. I 31st, Reg't Wis. V. I.

Application for Pension.

No. 392.390

Date of examination: Sept 16 1885

B C Brett
Examining Surgeon.

Post office, Green Bay

County, Brown

State, Wis.

P. S.—Write Post-office address plain and in full.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

PENSION OFFICE
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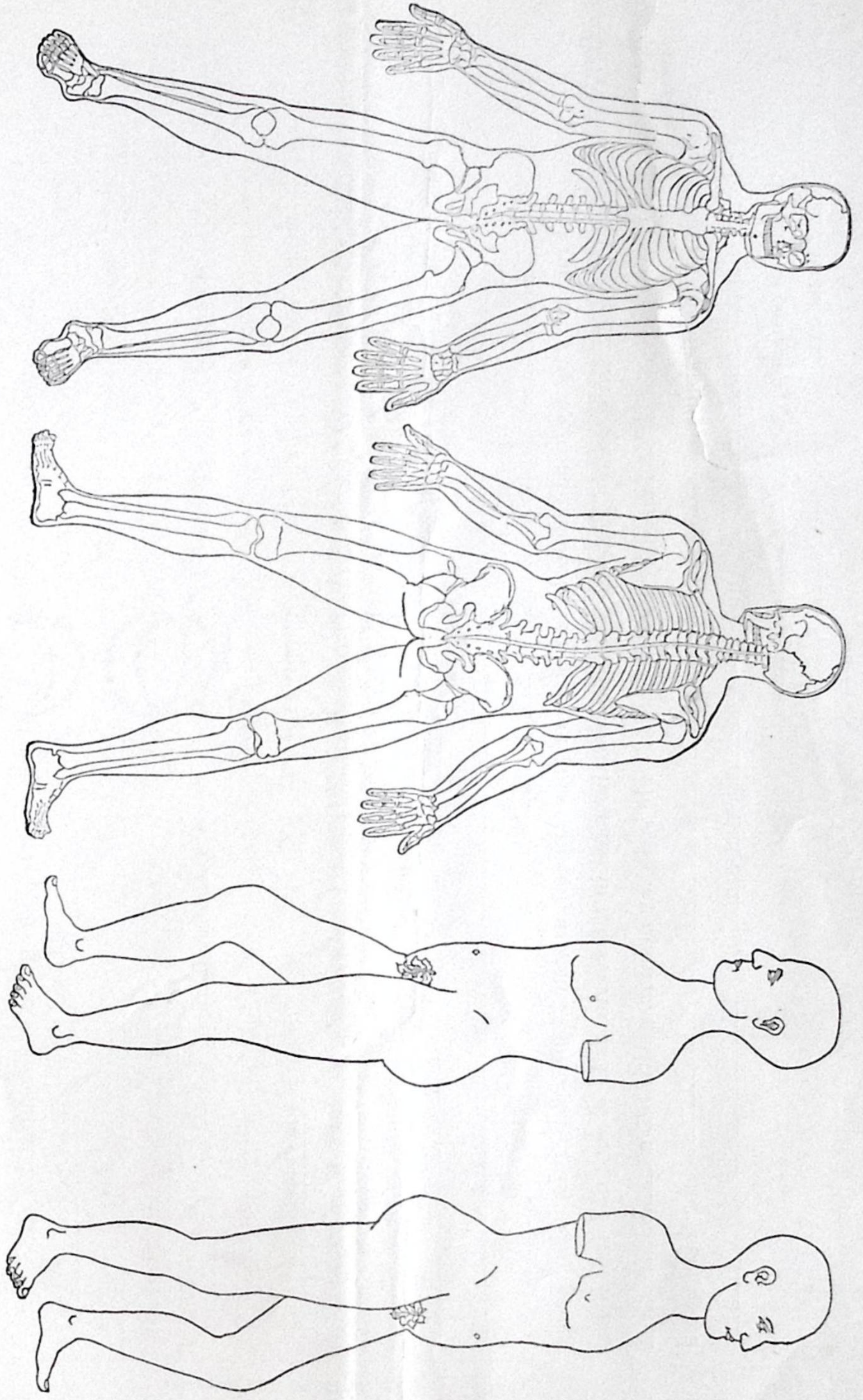
SEP 21
1885

(459—50 M.)



(3—111.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Original Pension Claim No. 392·390
[State above whether for original, increase, or restoration.]

Name and rank of claimant. John Le Roy, Rank, —

Company I, 31 Reg't Wis Vols Inf Green Bay Wis State,
[Post-office address of the Board.]

Claimant's post-office address. Wrightstown, Wis. February 25th, 1891.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability. in the service, viz: dislocated ankle and disease of lungs loss of thumb and fore finger of right hand.

If a pensioner, fill in the amount; if not, erase the whole line. ~~and that he receives a pension of~~ — ~~dollars per month.~~

He makes the following statement upon which he bases his claim for original
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. While in service in 1865 in North Carolina I dislocated right Ankle: it swells and makes me lame The Disease of Lungs caused by taking a bad cold which settled on my lungs have had a bad cough since that time. I lost my thumb and fore finger 6 years ago. I can do 1/4 mans work:

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 24; temperature, 98.6; height, 5 feet 7½ inches; weight, 142 pounds; age, 51 years.

Here give a full description of the disabilities, in accordance with pars. 5, 6, 51, 52, &c., of Book of Instructions for 1889. The right thumb is amputated at distal joint; 1st finger is amputated just behind the 2d joint; cicatrices claimt says, are very painfull & tender in cold weather.
No evidence of any former dislocation of right ankle, except a very slight puffiness on outer aspect, but the measurement is alike over both ankles. Circumf. over right instep is 9¾" over left 9½". There is more mobility in right ankle, than in left; it turns very easily outwards; he claims after long walks it gets swollen and very painful & makes him lame.
Lungs are perfectly healthy, but he has a very severe post nasal catarrh, with an old Pharyngeal-Laryngitis. posterior wall of Pharynx is dry, covered with thick mucus; hearing is not affected. All other vital organs are healthy.

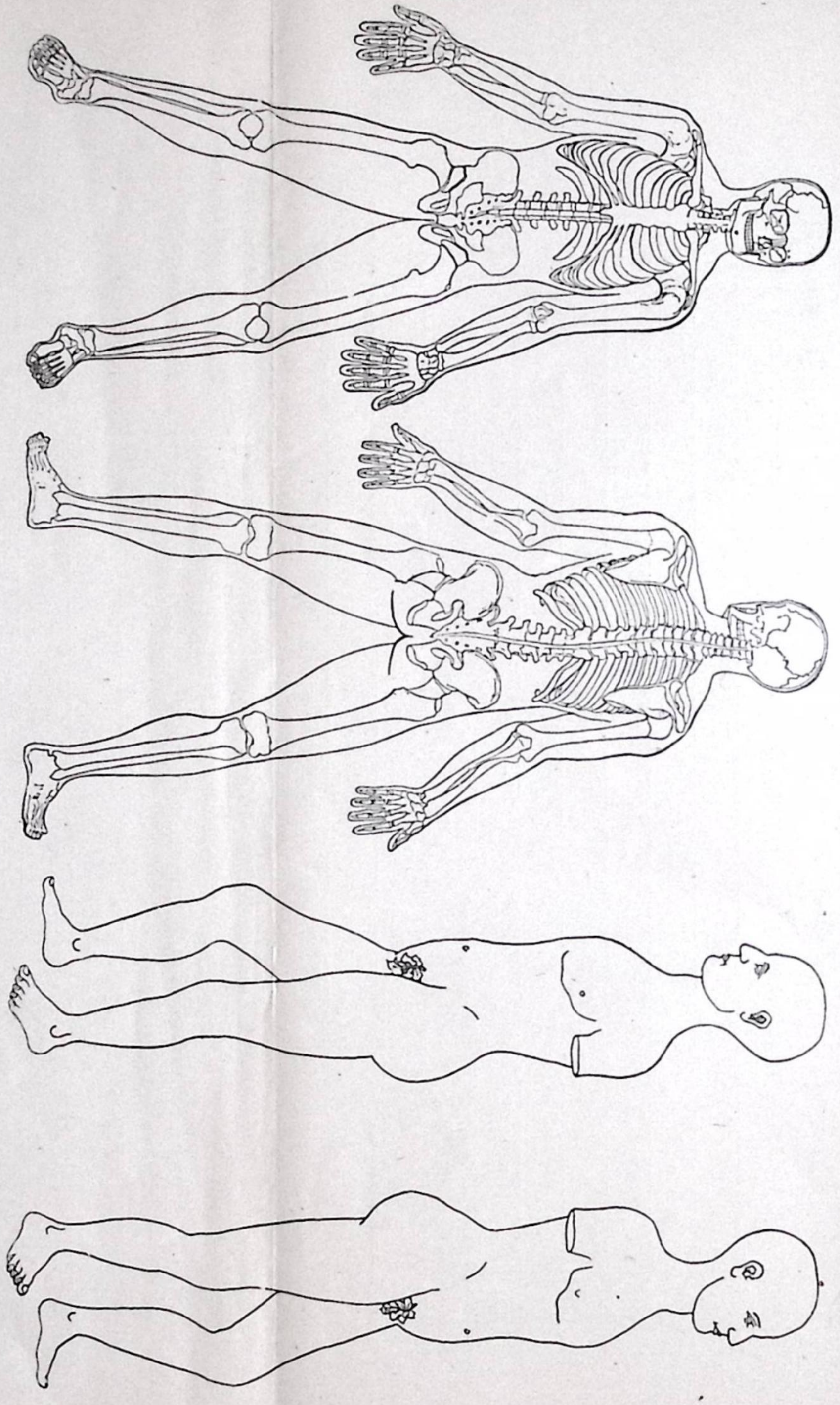
He is, in our opinion, entitled to a 4/18 of 3d gr.

Rate for EACH cause of disability. rating for the disability caused by Partial Loss of thumb, 2/18 of 3d gr. for that caused by Loss of 1st joint of 1st finger 4/18 of 3d gr. for that caused by Dislocation of right ankle & result, 4/18 of 3d gr. Naso-pharyngeal Catarrh.

B C Britt, Pres. H M Beck, Sec'y. F L Lewis, Treas

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(632— M.) 6—552



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

U. S. PENSION OFFICE
MAY 7 1891

SURGEON'S CERTIFICATE

IN CASE OF

John Le Roy

Co. I, 31st Reg't Wis. Vols

Applicant for Original

No. 392,390

DATE OF EXAMINATION:

February 25th, 1891.

B C Britt, *Pres.*,
H M Beck, *Sec'y*, BOARD.
F L Lewis, *Treas.*,

Post office, Green Bay

County, Brown

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.

Continue record of examination here.

(3—111.)

☞ Attention is invited to the outlines of the human skeleton and figure upon the back of this certificate, and they should be used whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, &c.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim.
Increase Pension Claim No. 620,716
[State above whether for original, increase, or restoration.]

Name and rank of claimant.
John LeRoy, Rank, Private

Company I, 3rd Reg't Wis. Inf | Green Bay Wis State,
[Post-office address of the Board.]

Claimant's post-office address.
Wrightstown Wis | April 28th, 1897
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred

Cause of disability.
in the service, viz: Injury to rt ankle & catarrh injury to rt arm. Disease of lungs & loss of thumb & forefinger of rt hand

If a pensioner, fill in the amount; if not, erase the whole line.
and that he receives a pension of Six dollars per month.

He makes the following statement upon which he bases his claim for Increase
[Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible.

I am unable to perform any manual labor, principally on account of ankle injury and injury to right arm & hand & disease of lungs.

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 45; temperature, 99.5; height, 5 feet 8 inches; weight, 135 pounds; age, 54 years.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Rt ankle-circumference 9 1/2 inches
Left " " " 9 3/8 "

There is a history of dislocation of the right ankle inward. The foot is turned inward, giving it such an angle as to make it very weak. A mis-step will so strain the joint as to result in inability to walk for a long time.

Catarrh of posterior pharynx & nose is present, with no tendency to ulceration.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

The head of the biceps of right arm has been torn away from its attachment, rendering that muscle entirely useless. Respirations rapid & shallow. Right apex is consolidated with retraction of right chest wall. Feeble respiratory murmur. No rales. Chest circumference 29 inches
On forcible inspiration, 31 "
Heart normal in every particular, excepting that the sounds at base are very weak.

The right thumb & forefinger have been amputated at first joint. Claimant is totally disabled. No vicious habits and no other disability found. He is, in our opinion, entitled to a

Rate for EACH cause of disability.
rating for the disability caused by ______, ______ for that caused by ______, and ______ for that caused by ______

H. Rhode Pres. W. E. Fairfield, Sec'y. D. H. Gregory, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not.

(9480—200,000.) 6—552

PENSION
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28
1894
U S
OFFICE

SURGEON'S CERTIFICATE

IN CASE OF

John LeRoy

Co. I, 31 Reg't Wis. Inf

Applicant for Increase

No. 620,716

DATE OF EXAMINATION:

April 28th, 1894

H. Rhodes, *Pres.*,
W E Fairfield, *Sec'y*,
D H Gregory, *Treas.*,
BOARD.

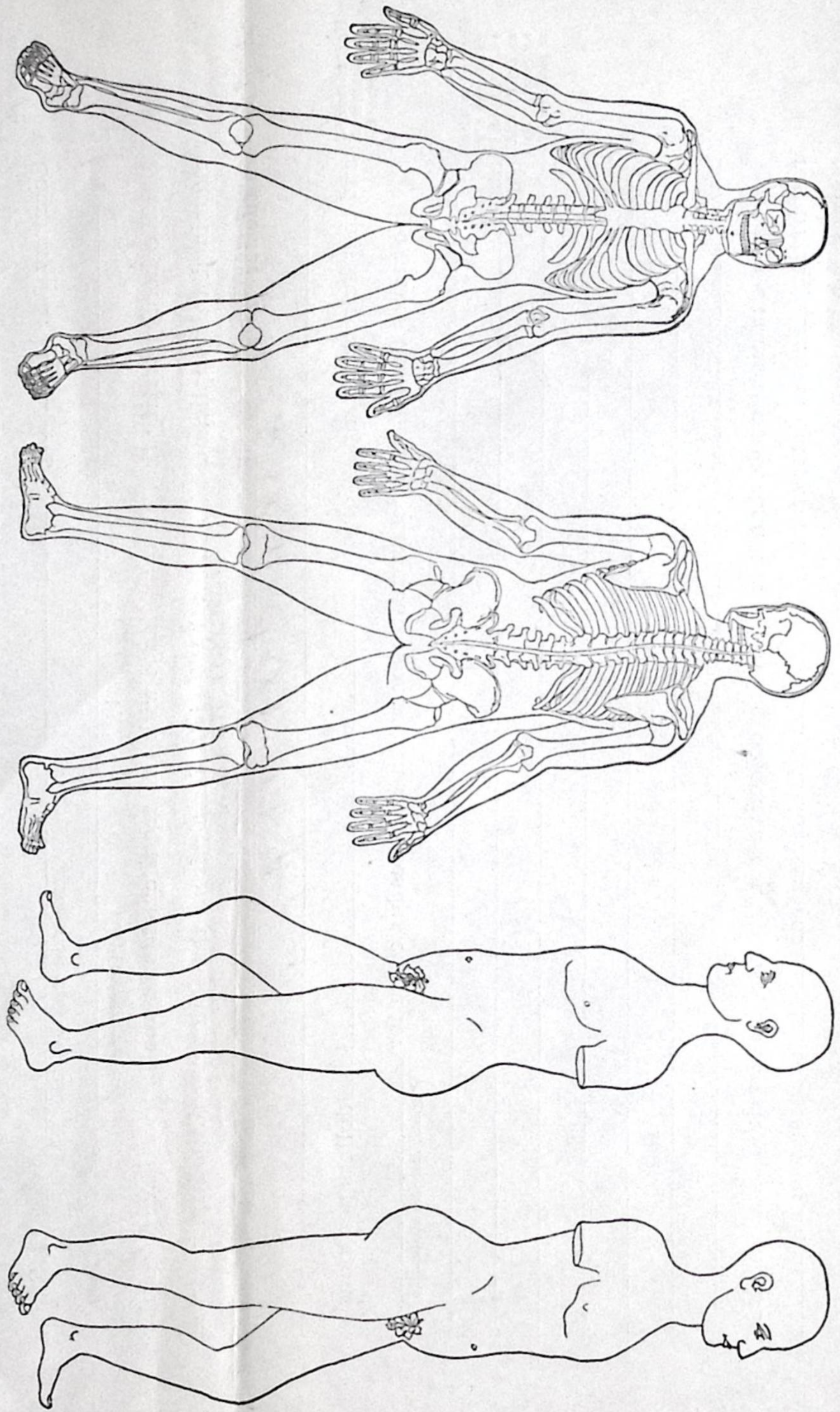
Post office, Green Bay

County, Brown

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.

Klemm



Single surgeons will use this blank, changing "we" to read "I," and "our" to read "my." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

Continue record of examination here.

3—155.
Old No. 3—111.

SURGEON'S CERTIFICATE.

Insert character and number of claim. Increase Pension Claim No. 620.716

Name of claimant. John Le Roy

Company I 31st Reg't Wis. Inf.

Address of Board. Green Bay P. O.
Wisconsin State.

Claimant's post-office address. Wrightstown, Wis

January 15th, 1902
[Date of examination.]

Cause of disability. Injury to right ankle, catarrh, injury to right arm, dis. of lungs, loss of thumb & fore finger of right hand, & loss of use of both arms. He receives a pension of $8 dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Injured right ankle near Bentonville, N.C. in 1865 - lost fingers in Wrightstown dont remember year - hurt right arm in 1893. Catarrh he had many years.

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, State of Wisconsin; age, 63 years; height, 5-7½"; weight, 132 pounds; complexion, fair; color of eyes, blue; color of hair, Brown; occupation, Day Laborer; permanent marks and scars other than those described below, none

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 108-120-120 [Sitting, standing, after exercise.]; respiration, 19-21-26 [Sitting, standing, after exercise.]; temperature, 98.6.

Here give a full description of the disabilities, in accordance with Book of Instructions.

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

Injury to right ankle: Cuboid bone has an unnatural prominence, stands out giving prominence to right side of foot which turns out somewhat; the skin is red over prominent bone. There is also some thickening of ankle-joint. Motion limited. Right ankle is ½ inch larger in circumference than left.

Catarrh: He has quite a severe pharyngitis - posterior wall is granular, covered with mucus. Eustachian tubes pervious, but he claims that hearing is often affected although not now.

Disease of lungs. No physical sign of any disease of lungs - no rales, respiratory murmur clear & distinct, no dullness, no increased resonance, no cough now, no expectoration, except from throat.

Loss of thumb & fore-finger of right hand
He lost distal phalanx of right thumb & two distal phalangeals of right index finger. Both stumps are good.

Injury to right arm & loss of use of both arms. Both biceps muscles are torn in about same place, just about junction of middle & upper third, and both ends have contracted or retracted. He can not do any lifting with either arm. No other disability. No vicious habits. The aggregate disability for earning a support by manual labor is due to injury of right ankle, catarrh, loss of part of 2 fingers & injury to both arms & warrants a rate of $12

B B Brett, Pres.
H M Beck, Sec'y.
D H Grey, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (Old No. 3—111 g. 3—156.) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

6—552

An examination must not be made by one member of a board except upon a special order of the Commissioner of Pensions.

☞ (This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. B. C. Butt, Dr. H. M. Beck, and Dr. D. H. Gregory, were personally present and actually participated in the examination of John Le Ray, the claimant in this case, on 15th day of January, 190 2."

(*Signature.*) H. M. Beck

WESTERN B
FEB 14 1902
DIVISION

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. .... and Dr. ...., the examining surgeons here present (waiving examination by full board), on this .... day of ...., 190 ."

(*Signature.*) ....

PENSION
FEB 7
U. S.
OFFICE.

SURGEON'S CERTIFICATE

IN CASE OF

John Le Ray

Co. I, 31st Reg't Wis. Vols. Inf.

APPLICANT FOR Increase

No. 620,716

DATE OF EXAMINATION:

January 15th, 190 2

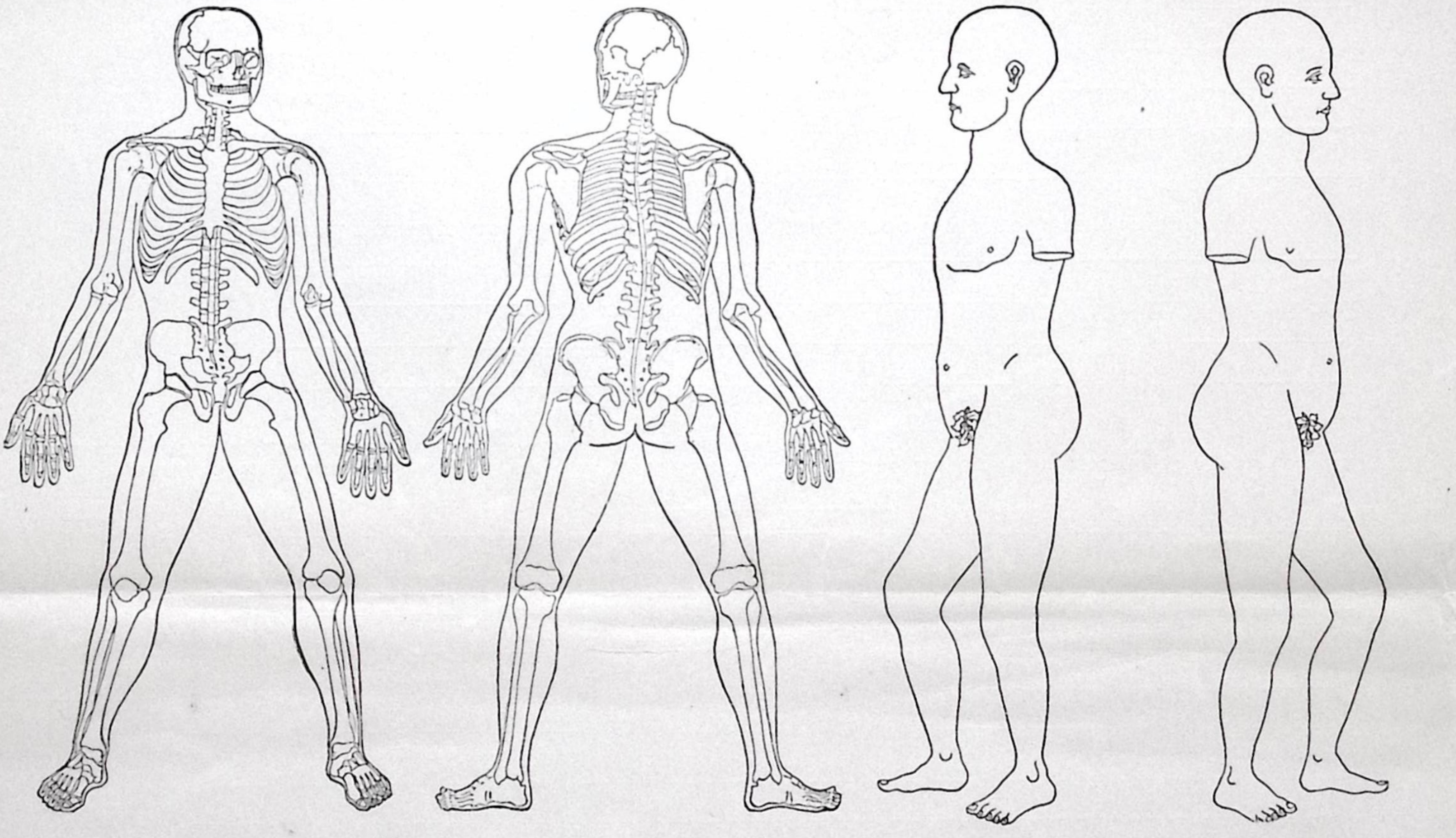
B. C. Butt, *Pres.*,
H. M. Beck, *Sec'y*,
D. H. Gregory, *Treas.*,
-BOARD.

Post office, Green Bay

County, Brown

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

6—552

cert 808560 expired!

3—367

No. 1064438

ACT OF APRIL 19, 1908.

WIDOW'S PENSION.

Claimant, Eliza Le Roy,
P. O., West Wrightstown
County, Brown ; State, Wisconsin

Soldier, John Le Roy,
Rank, Private ; Co. I
Regiment, 31 Wisconsin Inf.

Rate, $12 per month, commencing April 13 , 1916, ~~and $2 additional for each child, as stated below:~~

All pension to terminate ...., 1...., date of ....

Payments on all former certificates covering any portion of same time to be deducted.

None	Born, ..., ... Sixteen, ..., ...	Commencing ...., ...
	Born, ..., ... Sixteen, ..., ...	Commencing ...., ...
	Born, ..., ... Sixteen, ..., ...	Commencing ...., ...
	Born, ..., ... Sixteen, ..., ...	Commencing ...., ...
	Born, ..., ... Sixteen, ..., ...	Commencing ...., ...
	Born, ..., ... Sixteen, ..., ...	Commencing ...., ...
	Born, ..., ... Sixteen, ..., ...	Commencing ...., ...
	Born, ..., ... Sixteen, ..., ...	Commencing ...., ...

Civil War

No RECOGNIZED ATTORNEY.

Name, none
P. O., ...

Fee, $ none ; Agent to pay.

APPROVALS.

Submitted for Admin May 23, 1916; S. J. Moore, Examiner.

Approved for Admission
Act of April 19 1908

May 27, 1916 H. G. Hutton Reviewer.
May 31, 1916 W. W. Van Loan Rereviewer.

The soldier was .... pensioned at $ 30 per month ~~for~~ under Act May 11 – 1912

Enlisted, November 20, 1862
honorably disch'd, July 8, 1865
Reenlisted, no other service
honorably disch'd, ..., 1....
Died, April 2, 1916
Declaration filed, April 13, 1916
Claimant does write.

Soldier's application filed ~~August 1, 1890~~ June 28, 1880
Clt's app'n under other laws, none, 1....
Former marriage of neither, 1....
Death / Divorce of former ...., 1....
Clt's marriage to soldier, January 18, 1869
Cl't not remarried, nor divorced
No, M. C.

6—2240

W.H.C.

MEDICAL DIVISION.

3—516.

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,

BUREAU OF PENSIONS,

Drs.

Washington, D. C., Jan. 7, 1899

The attached certificate is returned for amendment. Date and sign the amendment and return promptly to this Bureau.

Are disabilities due to or aggravated by vicious habits? Ps 68 & 127

J. F. RAUB,
Medical Referee.

0–2

☞ Attention is invited … whenever it is possible to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

The absence of a member from a session of a board and the reason therefor, if known, and the name of the absentee, must be indorsed upon each certificate.

Insert character and number of claim. Increase [State above whether for original, increase, or restoration.] Pension Claim No. 620,716

Name and rank of claimant. John Le Roy, Rank, Private

Company D, 3 Reg't Wis. Inf. Green Bay Wis. State,
[Post-office address of the Board.]

Claimant's post-office address. Wrightstown, Wis. Dec. 7th, 1898.
[Date of examination.]

We hereby certify that in compliance with the requirements of the law we have carefully examined this applicant, who states that he is suffering from the following disability, incurred in the service, viz: Injury to right ankle & right arm & weak lungs, result of catarrh

Cause of disability.

If a pensioner, fill in the amount; if not, erase the whole line. and that he receives a pension of $6 dollars per month.

He makes the following statement upon which he bases his claim for Increase [Original, increase, restoration, &c.]

Here give the claimant's statement as briefly and as compactly as possible. His disabilities are increasing and he thinks that he is entitled to an increase in pension.

Upon examination we find the following objective conditions: Pulse rate, 96; respiration, 20; temperature, 98.6; height, 5 feet 4 inches; weight, 130 pounds; age, 59 years. There is a laxity of ligaments about right ankle no swelling no deformity but bones seem to be a little thicker. Measure right ankle 9 3/4", left 9 1/4", Claims ankle is weak. We find a rupture of right biceps muscle a deep sulcus over anterior aspect of humerus no muscular substance there. measure of arm ~~over sulcus~~ over sulcus at right insertion of deltoid is 9 1/4" at same ~~over sulcus~~ and corresponding portion of left arm 9 3/4 inches. Right arm very weak, hand soft. Some naso-pharyngeal catarrh, tonsils enlarged, slightly granular posterior wall. Eustachian tubes not involved, hearing good. Heart's action fast but not weak apex beat 1" below & slight outside of left vertical nipple-line & Area increased to 3 1/2" x 3 1/2". no murmur. Some dilatation with a degree of hypertrophy. Some cyanosis & dyspnoea. A few rales over both lungs, increased vocal fremitus all over right lung, wavy inspiratory sound right lung. seen in his best, undoubtedly Bronchitis & some Emphysema.
Injury to right ankle & arm = 8/18 no vicious habits.
Bronchitis & Emphysema = 6/18 Dis. of heart 6/18 - Catarrh = 3/18

Here give a full description of the disabilities, in accordance with Book of Instructions.

The actual or probable origin of every existing disability must be fully set forth. Whenever a disability is shown, or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Each disability must be rated separately, the act of Congress of March 2, 1895, requiring "that the report of such examining surgeons shall specifically state the rating which, in their judgment, the applicant is entitled to."

B. C. Brett, Pres. H. M. Beck, Sec'y. S. H. Gregory, Treas.

N. B.—Always forward a certificate of examination whether a disability is found to exist or not. When sufficient space is not afforded for the necessary statements, an additional blank certificate should be attached and properly numbered. The backs of certificates must not be used except as it may be necessary to use the diagrams. Marginal entries must never be made.

6—552

☞ (This certificate to be filled in and signed by the secretary when full board is present.)

"I hereby certify that Dr. B. C. Butt, Dr. H. M. Beach, and Dr. D. H. Gregory were personally present and actually participated in the examination of John Le Roy, the claimant in this case, on 7th day of December, 1898."

(Signature.) H. M. Beach

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, ..., the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. .... and Dr. ...., the examining surgeons here present (waiving examination by full board), on this .... day of ...., 18 ."

(Signature.) ....

PENSION OFFICE U. S. FEB 13 1899

PENSION OFFICE U. S. DEC 28 1898

SURGEON'S CERTIFICATE

IN CASE OF

John Le Roy

Co. E, 21st Reg't Wis. Inf.

Applicant for Increase

No. 626,716

DATE OF EXAMINATION:

December 7th, 1898.

B. C. Butt, Pres.,
H. M. Beach, Sec'y,
D. H. Gregory, Treas.,
BOARD.

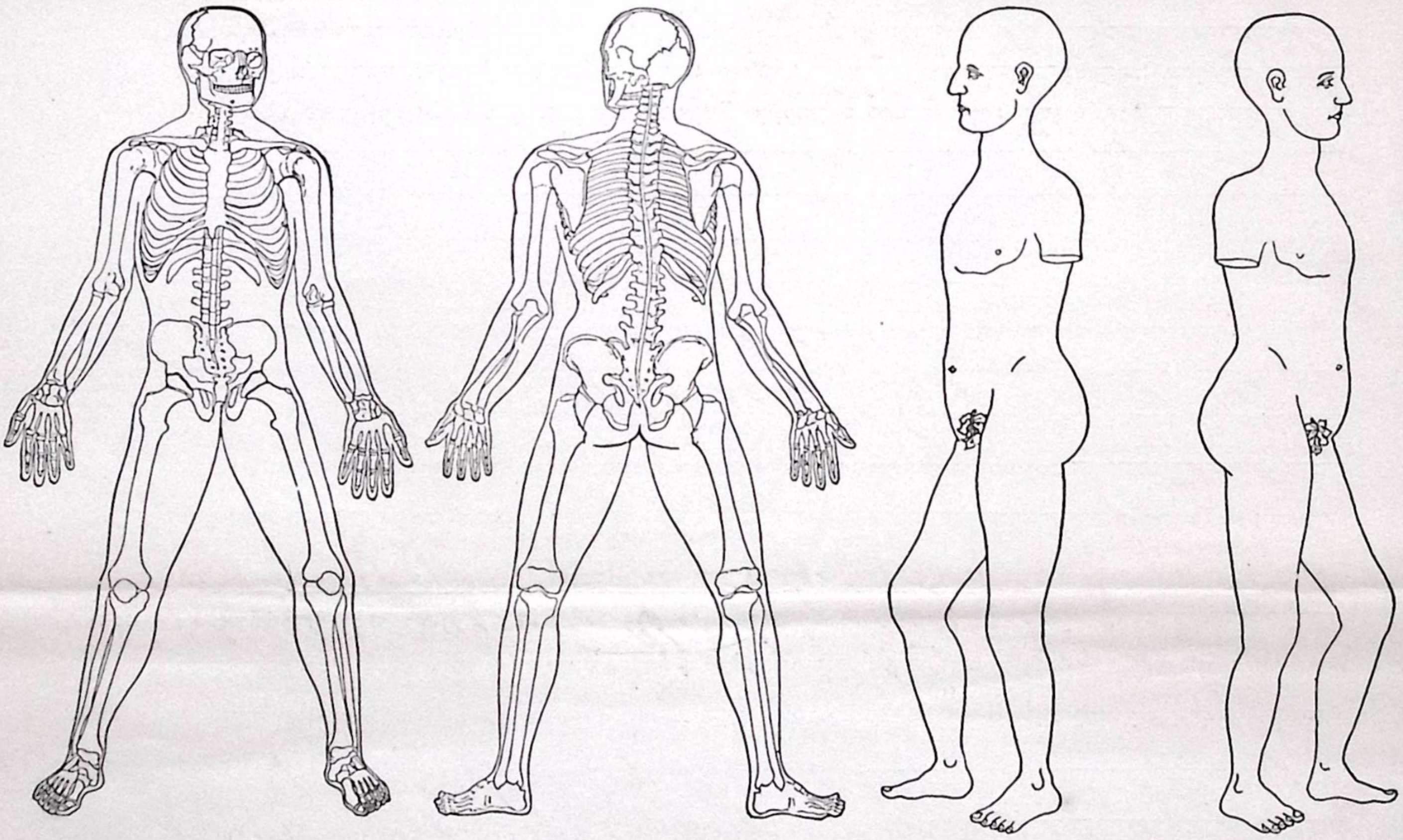
Post office, Green Bay

County, Brown

State, Wisconsin

P. S.—Write your Post-office address plainly and in full.

FEB 15 1899 SECTION



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.

PROVIDED FURTHER, That all examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes. [*Extract from Section 4, Act of Congress approved July 25, 1882.*]

No. 142071

WAR DEPARTMENT,

Surgeon General's Office,

RECORD AND PENSION DIVISION,

Washington, D. C., Jan. 6, 1883.

SIR:

I have the honor to return herewith your request for a report of hospital treatment in Claim No. 392390 *, with such information as is furnished by the records filed in this Office, viz: that* J. Leroy, Co. I, 31st Wis. Vols. was admitted to regimental Hospl. Apl. 6. 1865 with typho malarial and returned to duty Apl. 9. 1865.

Records of the regiment Mch 1 to July 8. 1865 furnish no further evidence in this case.

By order of the Surgeon General:

B. F. Pope

Assistant Surgeon, U. S. Army.

(125)

To the

Commissioner of Pensions.

per E. E. Corson

West, Div.
W.

(INVALID.)

(3-062.) √

Department of the Interior,

PENSION OFFICE,

Aug 14th, 1882

Sir:

Please furnish this Office a report of hospital treatment in the Claim No. 392390, of John Le Roy, late a Co. I, 31, Wis. Inf, from the data given below.

1. Disability from dislocation of right ankle Bentonville S, C, March 18/65

2. Treatment, as follows: Regl. Hosp Bentonville S, C,

3. The Adjutant General's report ~~shows:~~ is this day called for

4. Discharged July 8th, 1865,

Very respectfully,

Wm. W. Dudley
J A Bentley

Commissioner.

The Surgeon General U. S. A.

[8331—40 M.]

RECORD & PENSION OFFICE
NOV 25 1404271 1896
WAR DEPARTMENT

J. H. T. &.

3-464 ~~aa.~~

Dec 3/96 West Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C. Nov. 23 1896.

Respectfully referred to the Chief of the Record and Pension Office, War Department, requesting a full military and medical history

(Descriptive list.)

of the soldier.

Please examine all records likely to afford any information as to diseases, wounds, or injuries incurred by him while in the service.

No other report on file.

Inv. Cert. ~~Claim~~ No. 620.716.

Name, John LeRoy.

Co. I. 31 *Reg't.* Wis. Vol. Inf.

D. I. Murphy

Commissioner.

b-75 m o-8

☞ Address: "Chief of the Record and Pension Office, War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington, NOV 25 1896

Respectfully returned to the Commissioner of Pensions *with the information that* in the case of the within named man the military records furnish the following in addition to former report. He was enrolled in Capt Vliet's Co which became Co I 31 Wis Inf in Dec 1862. No medical record found additional to that furnished in report dated Jan. 6. 83. herewith.

PENSION OFFICE
H
NOV 27 1896
U. S.

BY AUTHORITY OF THE SECRETARY OF WAR:

F. C. Ainsworth

Colonel, U. S. Army, Chief of Office.

Per m.

(328*a*)

(3—103.)

EXAMINING SURGEON'S CERTIFICATE

IN THE CASE OF AN ORIGINAL APPLICANT.

No. of Application, 392.390

State: Wisconsin *County:* Brown

Post Office: Fort Howard Sept. 17th, 1881.

I hereby certify That I *have carefully examined* John Le Roy, *late a* private

Applicant's service

Co. I, 31st *Reg't,* Wisconsin Vols.

in the service of the United States, who is an APPLICANT *for an invalid pension by reason of alleged disability resulting from* dislocation of right ankle

Degree of disability.

In my *opinion the said* John Le Roy *is* an fourth *incapacitated for obtaining his subsistence by manual labor from the cause above stated.*

Origin.

Judging from his present condition, and from the evidence before me *it is* my *belief that the said disability did originate in the service aforesaid in the line of duty.*

Probable duration.

The disability is permanent

A more particular description of the applicant's condition is subjoined:

Particular description.

Height, 5-9; *weight,* 137; *complexion,* light

age, 41; *pulse,* 71; *respiration,* 16

Examination of this claimant shows that he has sustained a dislocation of the right ankle joint outwards. The ankle joint appears to be in a natural condition but I find quite an enlargement below the joint on the top and outer side of the foot with adhesions of the tendons to their sheaths and a permanent contraction of the tendons on the upper side of the, with the toes drawn upwards. I rate him at one fourth

It must be borne in mind that the duty of the Surgeon is to fix the proportionate degree of disability as ¼, ½, total, &c., through the grades, *without any regard to dollars and cents*, and to make such a full particular description as will afford to this Office the ground for intelligent opinion and action in rating.

Benj. F. Bartran

Examining Surgeon.

1 **SURGEON'S CERTIFICATE** 1

IN CASE OF

John Le Roy

Co. I, 31" Reg't, Wis. Vols

Application for Pension.

No. 392,390

Date of Examination: Sept. 17" 1881

Wm. H. Bartran
Examining Surgeon.

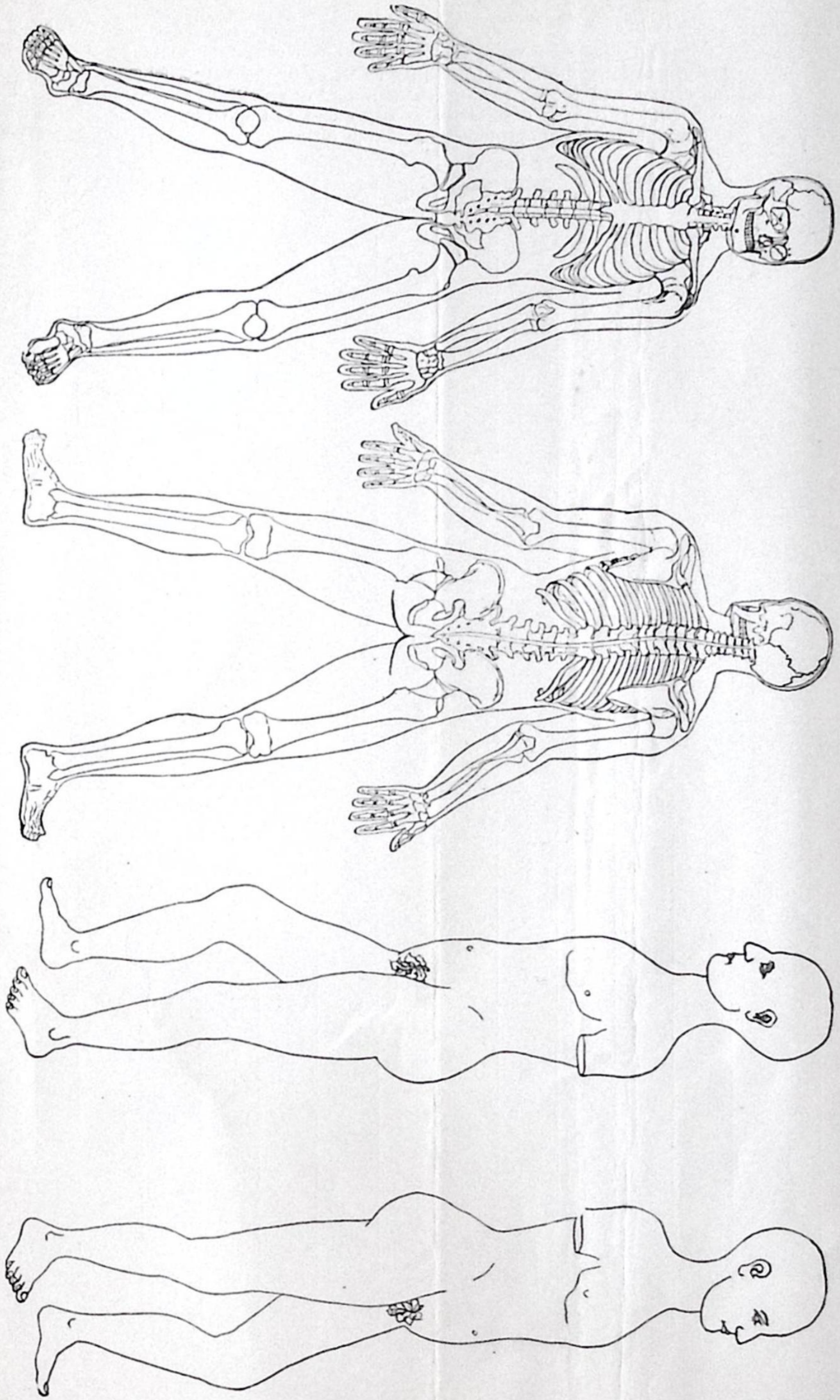
Post Office, Fort Howard

County, Brown

State, Wisconsin

P. S.—Write Post Office address plain and in full.

U. S. PENSION
SEP 24 1881
OFFICE



Adjutant General's Office, Wisconsin---Pension Division.

PENSION U S OFFICE
JUL 25 1891

GENERAL AFFIDAVIT FOR ANY PURPOSE.

In the matter of the Invalid *Pension Claim*

No 392.390., *acc't of* John LaRoy *(Here Give Soldier's Name.)*

late a Private *(Rank.), of Co.* I *,* 31st *Regiment* Wis Inft Vols

State of Wisconsin*, County of* Outagamie *ss.*

On this ~~13~~ 21st *day of* July *, A. D. 1891., personally appeared before me* John LaRoy*, a respectable citizen and entitled to credit, who being duly sworn says that* he *is a resident of* Wrightstown*, in the County of* Brown *State of* Wisconsin*, h*is *post office address is* Wrightstown Wis. *and is* 52 *years old; that*

That he is the Claimant in this case and that while in the line of duty with his Company and Regiment on the March at or near Benton-Ville in the State of North Carolina in the Month March 1865. that his foot got caught in a rut or hole and dislocated it at the Ankle Joint. that he has been troubled more or less with it ever since - That While employed as a sawyer in a Stave Mill at Wrightstown County of Brown Wis, in the Spring of 1884. and while setting the guides to the saw. the Tool he was using slipped and drew his right hand on ~~to~~ the saw. causing the loss of the ~~thumb~~ and fore finger.

July 25/91

~~he further declares that he has no interest in said claim.~~

Attest when any Affiant signs by MARK [2 persons.]

Signature of Affiant John LeRoy

Subscribed and sworn to before me, this 21st day of July, 1891, and I certify that the foregoing affidavit was read and explained to affiant before he signed the same, that the certificate of my authority to act as .... (Notary public, ~~or justice of the peace, etc.~~) is .... (On file with the Bureau of Pensions ~~or attached hereto, as the case may be.~~)

........, and that I have no interest, direct or indirect, in this claim.

Official Signature D. Brothers
Notary Public Wis.

N. B. To be executed before a Court of Record or by a Notary Public whose official signature must be verified by his official seal, and in case he has none, or if executed before a Justice of the Peace, his signature and official character must be certified to by a clerk of a court of record, or by a city or county clerk unless such certificate has already been filed with the commissioner of pensions.

State of ...., County of .... } ss.

I ...., Clerk of the Court in and for the county and state above named, do hereby certify that .... Esq., before whom the foregoing affidavit was made, and who has thereto signed his name was, at the time of so doing, a .... in and for the county and state above named, duly commissioned and sworn; that all his official acts as such are entitled to full faith and credit, and that his signature thereto is genuine.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my official seal, this .... day of ...., 189...

.... *Clerk.*

ACT JUNE 27, 1890.

ADDITIONAL EVIDENCE.

Invalid *Pension Claim.*

No. 392.390

Acc't of John LaRoy

late Private *Co.* "D," 31st *Reg't.*

Wis Inf Vols

THE ADJUTANT GENERAL
OF WISCONSIN,
ATTORNEY.
MADISON, - WIS.

Forwarded .... 189...

Adjutant General's Office, Wisconsin—Pension Division.

GENERAL AFFIDAVIT FOR ANY PURPOSE.

In the matter of the Invalid Pension Claim
No 392390, acc't of John Le Roy (Here Give Soldier's Name.)
late a Private (Rank.), of Co. "I" 31st Regiment Wis Inft
State of Wisconsin, County of Outagamie ss.

On this 4 day of March, A. D. 1891, personally appeared before me G. H. Dawson, a respectable citizen and entitled to credit, who being duly sworn says that he is a resident of Kaukauna, in the County of Outagamie State of Wisconsin his post-office address is South Kaukauna Wis. and is 37 years old; that he has been well acquainted with the above named claimant John Le Roy for the past seventeen years, that he deponent worked with claimant for about one year in a mill during 1873 or 1874 That the said claimant was frequently sick and obliged to leave his work during such time. That during the years 1880 1881 and a part of 1882 the claimant was at work in a mill at Wrightstown Brown Co, Wis. and that during all of said time, this deponent kept the books for such mill Co. and knows that claimant was sick very frequently during such time, complained of pains in his lungs, and was also troubled with a lame foot and that claimant never had the appearance of being a healthy man, and it is the opinion of deponent that the disabilities above mentioned are permanent in their nature that they are not the result of vicious habits of claimant, and that in the opinion of deponent claimant is incapacitated from performance of manual labor at least one fourth of the time.

PENSION OFFICE MAR 16 1891 U.

Mar 19/91

he further declares that he has no interest in said claim.
Attest when any Affiant signs by MARK [2 persons.]

Signature of Affiant. G H Dawm

Subscribed and sworn to before me, this 4th day of March, 1891, and I certify that the foregoing affidavit was read and explained to affiant before he signed the same, that the certificate of my authority to act as Notary Public (Notary public, or justice of the peace, etc.) is (On file with the Bureau of Pensions ~~or attached hereto, as the case may be.~~)

, and that I have no interest, direct or indirect, in this claim.

Official Signature D H Worthing
Notary Public Wis

N. B.—This affidavit is worthless unless the officer before whom the same is executed has the certificate of his authority to act on file with the Bureau of Pensions, or unless such a certificate is attached hereto, or unless the affidavit is executed before a clerk of the court.

State of .... , County of .... } ss.

I .... Clerk of the Court in and for the County and State above named, do hereby certify that .... Esq., before whom the foregoing affidavit was made, and who has thereto signed his name was, at the time of so doing, a .... in and for the county and State above named, duly commissioned and sworn; that all his official acts as such are entitled to full faith and credit, and that his signature thereto is genuine.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my official seal, this .... day of ...., 189...

.... Clerk.

ADDITIONAL EVIDENCE.

Inv. Invalid Pension Claim.
No. 394.390
Acc't of John Lintz
late Private Co. "I" 31st Reg't,
Wis Vol Infty

THE ADJUTANT GENERAL
OF WISCONSIN,
Attorney.
MADISON, - WIS.
Forwarded ...., 189..

PENSION OFFICE
MAR 16 1891

Adjutant General's Office, Wisconsin—Pension Division.

GENERAL AFFIDAVIT FOR ANY PURPOSE.

In the matter of the Invalid Pension Claim
No 392 390, acc't of John Le Roy (Here Give Soldier's Name.)
late a Private (Rank.), of Co. "I" 31st Regiment Wis Infty

State of Wisconsin, County of Outagamie } ss.

On this 5th day of March, A. D. 1891, personally appeared before me R. C. Grignon, a respectable citizen and entitled to credit, who being duly sworn says that he is a resident of Kaukauna, in the County of Outagamie, State of Wisconsin, his post-office address is Kaukauna Wis. and is 31 years old; that he has known the claimant for the past twelve years. that in the Summer and fall of 1889. he employed Claimant to work for him on the farm. and that he found him physically unable to perform more than one half a days manual labor by reason of his suffering from sickness of some kind unknown to him. he often heard him complain of disease of Lungs. that since the claimant has worked for him he has seen him every little while and that in his opinion the disease is of a permanent Character and not the result of his own vicious habits. and that he does not consider said claimant capable of performing more than 1/2 a days manual labor - for reason that he is weak and sick has a lame leg. and has suffered the loss of his Thumb & Index finger of the right hand.

U. S. PENSION OFFICE
MAR 16 1891

Mch 19/91

he further declares that he has no interest in said claim.

Attest when any Affiant signs by MARK [2 persons.]

.... Signature of Affiant. R. C. Grignon

....

Subscribed and sworn to before me, this 5th *day of* March, *1891, and I certify that the foregoing affidavit was read and explained to affiant before he signed the same, that the certificate of my authority to act as* Notary Public *is* ....

(Notary public, or justice of the peace, etc.) (On file with the Bureau of Pensions ~~or attached hereto, as the case may be~~.)

....

...., *and that I have no interest, direct or indirect, in this claim.*

Official Signature D J Mathus
Notary Public Wis

N. B.—This affidavit is worthless unless the officer before whom the same is executed has the certificate of his authority to act on file with the Bureau of Pensions, or unless such a certificate is attached hereto, or unless the affidavit is executed before a clerk of the court.

State of ...., *County of* .... } *ss.*

I .... *Clerk of the Court in and for the County and State above named, do hereby certify that* .... *Esq., before whom the foregoing affidavit was made, and who has thereto signed his name was, at the time of so doing, a* .... *in and for the county and State above named, duly commissioned and sworn; that all his official acts as such are entitled to full faith and credit, and that his signature thereto is genuine.*

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my official seal, this .... *day of* ...., *189*...

.... *Clerk.*

ADDITIONAL EVIDENCE.

Inv. Invalid .... Pension Claim.

No. 392.390

Acc't of John Lefley

late Private Co. "I" 31st Rg't.

Wis Vol Infty

THE ADJUTANT GENERAL

OF WISCONSIN,

ATTORNEY,

MADISON, - WIS.

Forwarded ...., 189...

PENS. OFFICE MAR 16 1891

U WESTERN DIVISION JUN 23 1902 P

Adjutant General's Office, Wisconsin---Pension Division.

GENERAL AFFIDAVIT FOR ANY PURPOSE.

In the matter of the West Div *Pension Claim* Incr

No. 620716 *account of* John Le Roy (Here give soldier's name.)

late a privit (Grade.), *of Co.* "I," 31 *Regiment* Wisconsin Inf

State of Wisconsin, *County of* Brown --*ss.*

On this 16 *day of* June, *A. D. 190*2, *personally appeared before me* H. J. Zimmermann, *a respectable citizen, entitled to credit, who being duly sworn says that he is a resident of* Town Kaukauna, *in the County of* Outagamie, *State of* Wisconsin, his *post office address is* North Kaukauna Wis, *and is* 45 *years old;* ~~and~~ *he declares that he has no interest in this claim.* and further says he worked for me in the Village of Wrightstown Wisconsin on or about June 11th 1900 at the Fox River Bridge While lifting a scoop Shovell full of Cement Pulled main tendent of the left Arm and has not been able to do Days work ever since and I have No interest in the above Claime direct or indirect in the Prosecusion of this Claime and was not done or Caused by any Vicious habits

H J Zimmermann

U. S. PENSION OFFICE JUN 19 1902

June 19/02

Subscribed and sworn to before me, this 16 *day of* June *, 190*2*, and I certify that the affiant is a reputable citizen, entitled to credit, and that the foregoing affidavit was read and fully explained to* ~~him~~ *before* *he signed the same, including the words* ____________ *erased*

[L. S.]

and the words ____________ *added; that the certificate of my authority to act as* Notary Public *is*
(Notary Public or Justice of the Peace.) (On file with the Bureau of Pensions or attached hereto, as the case may be.)

My Commission Expires Feby. 14th, 1904.

and that I have no interest, direct or indirect, in the prosecution of this claim.

N Remmel
(Signature.)

Notary Public
(Official Character.)

My Commission Expires Feby. 14th, 1904.

Under Act of Congress, approved July 1, 1890---this affidavit may be executed before a Court of Record or by a Notary Public, whose official signature must be verified by his official seal, and in case he has none, or if executed before a Justice of the Peace, his signature and official character must be certified to by a Clerk of a Court of Record, or by a City or County Clerk, unless such certificate has already been filed with the Commissioner of Pensions. When duly prepared and executed, return to the Adjutant General, Madison, Wis., who prosecutes all claims for pensions---for soldiers or their heirs residing in the State, FREE OF CHARGE.

This blank is not to be used except in claims in which the Adjutant General of Wis. appears as Attorney.

Additional Evidence.

In re Increase *Pension Claim.*

No. 620,716

Acc't of John LeRoy

late Pvt *Co.* "L" 31 *Reg't* Wis Inf Vol

FILED BY

THE ADJUTANT GENERAL

OF WISCONSIN,

State Agent for Pensions, Attorney, Madison, Wisconsin.

Forwarded ____________, *190* ____

Adjutant General's Office, Wisconsin—Pension Division.

PHYSICIAN'S AFFIDAVIT.

In the matter of the Invalid Pension Claim
No. 392 390, acc't of John LeRoy (Here Give Soldier's Name.)
late a Private (Rank) of Co. "I," 31st Regiment Wis Infty
State of Wisconsin County of Outagamie } ss.

On this 7 day of March A. D. 1891, personally appeared before me, O. G. Lord M.D., a respectable citizen and entitled to credit, who being duly sworn says that he is a resident of Kaukauna in the county of Outagamie State of Wisconsin, his post-office address is Same place and is 45 years old; that he is a regular practicing physician of 21 years' standing.

I have know said claimant for about fifteen years; He is suffering from the following disabilities. a weakness of the right lung caused by an attact of bronchitis. about five years ago.
He is also disabled by a weak ankle of the right side. There has been a laceration of the capsular ligaments. and the foot turns inward. and easily turnes over. This injury he says, was received in when in the army of the U.S. in North Carolina in 1865.
He is further disabled by the loss of the half of the thumb and index finger of the right hand
These disabilites are not the result of his own visous habits
He is unable to perform more than ¼ the labor of a sound man

PENSION OFFICE
U
MAR
16
1891

Mar 19/91

he further declares that he has no interest in said claim.

Signature of Affiant. D. F. Lord M.D.

Subscribed and sworn to me before, this 2d day of March 1891, and I certify that the foregoing affidavit was read and explained to affiant before he signed the same, that he is a regular practicing physician in good professional standing;

Certificate of authority on file in Pension Bureau Washington D.C.; and that I have no interest, direct or indirect in this claim.

Official Signature D. J. Withers
Notary Public Wis.

N. B.—If this affidavit is executed before an officer *not required by law* to have a seal, the official character, signature and term of service of such officer must be shown by a certificate under seal given by proper authority, unless such a certificate has already been filed with the Bureau of Pensions.

State of .... County of .... } ss.

I, ..., Clerk of the Circuit Court in and for the County and State above named, do hereby certify that .... Esq., before whom the forgoing affidavit was made, and who has thereto signed his name was, at the time of so doing, a duly qualified Justice of the Peace, duly authorized by law to administer oaths for general purposes, in and for the County and State above named; that his term of office as such is .... years from the .... day of .... 18.......; and that his signature thereto is genuine.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my official seal, this .... day of .... 189...

.... Clerk.

PENSION OFFICE
MAR 16 1891

OK

Additional Evidence.

PHYSICIAN'S AFFIDAVIT.

Inv-Invalid Pension Claim,

No. 392390

Acc't of John LeRoy

late Private Co. "I", 31st Reg't.

Wis Vol Infty.

PENSION OFFICE
MAR 16 1891

FORWARDED BY

THE ADJUTANT GENERAL

OF WISCONSIN,

MADISON, WIS.

March 12 1891

Adjutant General's Office, Wisconsin----Pension Division.

GENERAL AFFIDAVIT FOR ANY PURPOSE.

In the matter of the Invalid *Pension Claim*

No 392390, *acc't of* John LeRoy *(Here Give Soldier's Name.)*

late a Private *(Rank.), of Co.* "I" 31st *Regiment* Wis Infty Vol

State of Wisconsin, *County of* Outagamie *ss.*

On this 13th *day of* July, *A. D. 189*1, *personally appeared before me* Frank H. Smith, *a respectable citizen and entitled to credit, who being duly sworn says that* he *is a resident of* Kaukauna, *in the County of* Outagamie *State of* Wisconsin, his *post office address is* Kaukauna Wis- *and is* 29 *years old; that*

He became aquainted with the Claimant John LeRoy in the Spring of 1884. in the Village of Wrightstown Wisconsin. That on or about the middle of May 1884, said Claimant was brought to Dr. Earles Office in said Village to have his hand Dressed. he having lost the Thumb and index finger of the right hand. while employed Sawing Barrell Heading. in the Stave Factory. that he assisted the Doctor to trim and Dress the wounds -

July 25/91

he further declares that he has no interest in said claim.

Attest when any Affiant signs by MARK [2 persons.]

.... Signature of Affiant Frank A. Smith.

....

Subscribed and sworn to before me, this 13th day of July, 1891, and I certify that the foregoing affidavit was read and explained to affiant before he signed the same, that the certificate of my authority to act as Notary Public (Notary public, or justice of the peace, etc.) is (On file with the Bureau of Pensions ~~or attached hereto, as the case may be.~~)

....

...., and that I have no interest, direct or indirect, in this claim.

Official Signature D. J. Brothus
Notary Public Wis.

N. B. To be executed before a Court of Record or by a Notary Public whose official signature must be verified by his official seal, and in case he has none, or if executed before a Justice of the Peace, his signature and official character must be certified to by a clerk of a court of record, or by a city or county clerk unless such certificate has already been filed with the commissioner of pensions.

State of ...., *County of* .... } *ss.*

I ...., *Clerk of the Court in and for the county and state above named, do hereby certify that* ...., *Esq., before whom the foregoing affidavit was made, and who has thereto signed his name was, at the time of so doing, a* .... *in and for the county and state above named, duly commissioned and sworn; that all his official acts as such are entitled to full faith and credit, and that his signature thereto is genuine.*

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my official seal, this .... *day of* ...., *189*..

.... *Clerk.*

ACT JUNE 27, 1890.

ADDITIONAL EVIDENCE.

Inv. Invalid Pension Claim.

No. 342 390

Acc't of John LeRoy

late Private Co. "I," 31st Regt.

Wis Vol Infty.

Bro. Corbile

THE ADJUTANT GENERAL
OF WISCONSIN,
ATTORNEY.

~~MADISON,~~ Wis.

Forwarded July 22 1891

U.S. PENSION OFFICE
MAY 5 1894

Adjutant General's Office, Wisconsin—Pension Division.

PHYSICIAN'S AFFIDAVIT.

In the matter of the INCREASE Pension Claim Under ACT JUNE 27, 1890

Certf. No 670.716 acc't of John LaRoy (Here give soldier's name.)

late a Private (Rank.), of Co. "I" 31st Regiment Wis Inf Vols

State of Wisconsin County of Outagamie } ss.

On this 30th day of April, A. D. 1894, personally appeared before me O. G. Lord M.D., a respectable citizen and entitled to credit, who being duly sworn says that he is a resident of Kaukauna in the County of Outagamie, State of Wisconsin, his post office address is Kaukauna Wisconsin, and is 48 years old; that he is a regular practicing physician of 24 years' standing

Said John LeRoy came to see me concerning his arm a bout the 15th of Jan. 1894 I found him sufering from ruttum of the bicets musle of the right arm The arm is power less as far as the use of that muscle goes. which renders the arm useles to rais up. He said it had been done in November. 1893.
I do not think there could be any thing done for the arm.
His disability is permanent and was not caused by any visious habits.

May 5/94

..he further declares that ..he has no interest in said claim.

Attest when any Affiant signs by MARK (2 persons.)

Signature of Affiant. O. G. Lord M.D.

Subscribed and sworn to before me, this 30th *day of* April, *189*4, *and I certify that he is a regular practicing physician in good professional standing; and that the foregoing affidavit was read and fully explained to affiant before .. he signed the same, including the words .... erased and the words .... added: that the certificate of my authority to act as .... is ....* (Notary public, ~~or justice of the peace, etc.~~) (On file with the Bureau of Pensions ~~or attached hereto, as the case may be.~~) *, and that I have no interest, direct or indirect, in the prosecution of this claim.*

[L. S.]

D. J. Brothers
(Signature.)

Notary Public. Wis.
(Official character.)

D. J. BROTHERS NOTARY PUBLIC OUTAGAMIE CO. WIS.

N. B. To be executed before a Court of Record or by a Notary Public whose official signature must be verified by his official seal, and in case he has none, or if executed before a Justice of the Peace, his signature and official character must be certified to by a clerk of a Court of Record, or by a City or County Clerk unless such certificate has already been filed with the Commissioner of Pensions.

X

Additional Evidence.

PHYSICIAN'S AFFIDAVIT.

Invalid ~~Under ACT JUNE 27, 1890.~~

In re INCREASE *Pension Claim.*

Ctf. No. 690.716

of John LaRoy

late Private Co. "D" 31st Regt.

Wisconsin Inf Vols

STATE OF WISCONSIN,
Adjutant General's Office,
PENSION DIVISION.
REC'D MAY 2 1894

THE ADJUTANT GENERAL
OF WISCONSIN,
ATTORNEY.
MADISON, WIS.
Forwarded May 2d 1894

Adjutant General's Office, Wisconsin—Pension Division.

GENERAL AFFIDAVIT FOR ANY PURPOSE.

In the matter of the INCREASE Pension Claim Under ACT JUNE 27, 1890.
Certf. No. 620716 acc't of John LeRoy (Here give soldier's name.)
late a Private (Rank.), of Co. "I" 31 Regiment (Wis Inf Vols

State of Wisconsin, County of Outagamie } ss.

On this 30th day of April, A. D. 1894, personally appeared before me George H. Jenkins, a respectable citizen and entitled to credit, who being duly sworn says that he is a resident of Wrightstown in the County of Brown, State of Wisconsin, his post office address is Wrightstown Wis, and is 18 years old; that On or about the 20th day of November 1893. While in the employ of the U.S. he was working with the claimant John LeRoy repairing the Dam in Fox River at Depere Wisconsin that while pulling on a Rope attached to a Timber in one of the Waste Wiers. with said LeRoy. the Current carried the Timber out with a sudden and severe Jerk. causing a bad rupture to the Muscles of the right Arm of Mr. LeRoy- the injury in his opinion is permanent, and was not due to vicious habits- The above statement I make to D.J. Brothers Notary Public Kaukauna Wisconsin. who wrote it down in my presence and at my request- that I was not aided or prompted by any one- the statement and language is my own-

May 5/94

...he further declares that ...he has no interest in said claim.

.... Attest when any Affiant signs by MARK (2 persons.)

Signature of Affiant. George H. Jenkins

Subscribed and sworn to before me, this 30th day of April ...., 1894, and I certify that the foregoing affidavit was read and fully explained to affiant before ...he signed the same, including the words .... erased

[L. S.] and the words .... added: that the certificate of my authority to act as .... (Notary public, ~~or justice of the peace, etc.~~) is .... (On file with the Bureau of Pensions ~~or attached hereto, as the case may be.~~), and that I have no interest, direct or indirect, in the prosecution of this claim.

D. J. Brothers (Signature.)

Notary Public Wis (Official character.)

NOTARY PUBLIC OUTAGAMIE CO. WIS.

N. B. To be executed before a Court of Record or by a Notary Public whose official signature must be verified by his official seal, and in case he has none, or if executed before a Justice of the Peace, his signature and official character must be certified to by a clerk of a Court of Record, or by a City or County Clerk unless such certificate has already been filed with the Commissioner of Pensions.

X

J

1000; 12-93.

Additional Evidence.

Under ~~ACT JUNE 27, 1890~~

In re INCREASE Pension Claim.

Certf No. 620.716

Acc't of John La'Ray

late Private Co. "I" "31" Regt.

Wisconsin Inf Vols

STATE OF WISCONSIN,
Adjutant General's Office,
PENSION DIVISION.
REC'D MAY 2 1894

THE ADJUTANT GENERAL
OF WISCONSIN,
ATTORNEY.
MADISON, - WIS.

PENSION MAY 5 1894 OFF

Forwarded May 2nd 1894

State of Wisconsin } ss
County of Outagamie }

Be it remembered that on this 27th day of February 1900 personally appeared before me a Justice of the peace. in and for Outagamie County. E. E. Bailey Whose age is 54 years. and whose post office adress is. Little Rapids Brown County Wisconsin. and who being duly sworn say. that John Leroy of Wrightstown Brown County Wisconsin. Sustained injuries to his right ~~hand~~. while pulling plank out of Depere dam. in the Fox river. at Depere Wisconsin. on or about the 20th day of November 1893. with a rope. and by a sudden jerk of the rope. pulled out the Tendon of his right arm. rendering the arm powerless. and growing weaker every year. I know this from the fact that I was foreman of the company. that the said John Leroy was working with at the time he was injured. and have seen him every few days since his injury. and know of my own personal knowledge that his injury was not the result of his own vicious

E. E. COOK

U. S. PENSION OFFICE III MAR 3 1900

Mar 3 /00

habits. And that I have no interest direct or indirect in this claim

E. E. Bailey

Subscribed and sworn to before me this 27th day of February A.D. 1900. And I certify that the affiant is a credible person. And that the foregoing statement was read and explained to the affiant E. E. Bailey. before he signed the same. And I further certify that I have no interest in this claim.

J. H. Cook
Justice of the Peace. Outagamie Co
Wis

Certificate on file
in Pension Office

(3—125.)

ORIGINAL INVALID CLAIM.

Soldier, John Le Roy	
P. O., Wrightstown	Rank, Pvt
County, Brown	Company, I
State, Wis	Regiment, 31 Wis Vol Inf

Rates, $ per month, *commencing*

REJECTED
APR 10 1888

Pensioned for

RECOGNIZED ATTORNEY.

Name, Fitzgerald & Powell	Fee, $, Agent to pay.
P. O., Indpls Ind	Articles filed , 18 .

APPROVALS.

Approved for Rej
Submitted Apr 4, 1888 Monahan, Examiner.

Approved for Rejected on the ground of Claimants failure after a reasonable time, and due notification, to furnish the necessary evidence to establish the claim.	Approved for
Vaughn C, Legal Reviewer.	, Med. Ex'r, , Med. Reviewer,
Apr. 5, 1888, Curtis, Re-Reviewer.	, 188 , , Med. Referee.

IMPORTANT DATES.

Enlisted Nov 20, 1862	service from
Mustered , 18 .	18 , to , 18 , in
Discharged July 8, 1865	
Declaration filed June 28, 1882	Not in service since , 18 .

BASIS OF CLAIM.

Dislocation of right ankle
Bentonville N. C. Mar 18, 1865

(11597—50,000.) 6—207

13

Declaration for Increase of Pension.

Under the Act of June 27, 1890.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Wisconsin }
County of Outagamie } ss.

On this 12 day of August, A. D. ~~one thousand eight hundred and ninety~~ 1901 personally appeared before me, a Justice of the Peace within and for the County and State aforesaid, John Le Roy aged 62 years, late a member of Co. I., 31 Regiment, Wis Vol Infy. a resident of the Town of Wrightstown, County of Brown, State of Wisconsin, who being duly sworn according to law, declares that he is a pensioner of the United States under the Act of June 27, 1890, enrolled at the Milwaukee Pension Agency at the rate of Eight- dollars per month, by reason of partial inability to earn a support by manual labor, his pension certificate being numbered 620716. That he believes himself to be entitled to an increase of pension on account of the disabilities heretofore alleged, namely, Partial inability to Earn support by by manual Labor.

(Here insert the disabilities alleged in original and subsequent declarations.)

Also on account of being unable to perform manual Labor, on account of having no use of both arms

(Here insert the disabilities not previously alleged.)

incurred when performing manual Labor

(State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence.)

That none of said disabilities are due to his own vicious habits, and that they are to the best of his knowledge and belief of a permanent character, that he appoints THE ADJUTANT GENERAL OF THE STATE OF WISCONSIN, MADISON, WIS., COUNTY OF DANE, STATE OF WISCONSIN, his true and lawful attorney to prosecute his claim. That his post-office address is Wrightstown County of Brown, State of Wisconsin

PENSION
X
AUG
17
1901
U. S.
OFFICE

Claimant's signature John Le Roy

Attest: Peter Nettekoven
Justice of the Peace

{ Revenue Stamp Not Required on Pension Papers. }

Aug 12/01

Also personally appeared George Nalor, residing at Kaukauna and George Kromer, residing at Kaukauna, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw John Le Roy, the claimant, sign his name (or make his mark) to the foregoing declaration, that they have every reason to believe, from the appearance of said claimant and their acquaintance with him, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

George Naylor

George Kromer

(Signatures of witnesses.)

Sworn to and subscribed before me this 12 day of August, A. D. 1901, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant who is respectable and entitled to credit and witnesses before swearing, including the words .... erased, and the words .... added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

Nettekoven
Nettekoven

Aug. 23 1901
RECORD DIVISION

Peter Nettekoven
(Signature.)

Justice of the Peace
(Official character.)

☞ N. B.—When duly filled out and attested, return to the Adjutant General, Madison, Wis., who prosecutes, *free of charge*, all claims against the U. S. Government, for soldiers or their heirs residing in the State.

5 J EKY

I Ctf 620716

Claim for Increase

ACT OF JUNE 27, 1890.

John Le Roy, *Applicant,*

Co. I, 31st *Regt.,*

Wis. Infty *Vols.*

(Pension certificate not required.)

Certificate No. ....

WESTERN DIVISION
AUG 28 1901
B

FILED BY THE

Adjutant General

OF WISCONSIN,

STATE AGENT FOR PENSIONS,

ATTORNEY,

MADISON, WISCONSIN.

RECORD DIVISION
AUG 20 1901

Executed 1

X **To be executed before a Court of Record or by a Notary Public, whose official signature must be verified by his official seal, and in case he has none, or if executed before a Justice of the Peace, his signature and official character must be certified to by a clerk of a court of record, or a city or county clerk, unless such certificate has already been filed with the Commissioner of Pensions.**

The Post-office address (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, *and all evidence in each claim;* and each change of residence of said parties, while communicating with the Bureau of Pensions or the pension agents should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

This declaration and any testimony in support of the allegations made therein may be executed before any officer authorized to administer oaths for general purposes in the State, City or County where said officer resides.

Adjutant General's Office, Wisconsin—Pension Division.

PHYSICIAN'S AFFIDAVIT.

In the matter of the Act Div Pension Claim Incr

No 620716 acc't of John Le Roy (Here give soldier's name.)

late a Private (Rank.) of Co. "I," 31 Regiment Wisconsin Inf.

State of Wisconsin, County of Brown ss.

On this 16 day of June, A. D. 1902, personally appeared before me J. J. Bellin M.D., a respectable citizen, entitled to credit, who being duly sworn says that he is a resident of Wrightstown in the County of Brown, State of Wis, his post office address is Wrightstown Wis, and is 31 years old; that he is a regular practicing physician of six years' standing

Said John Le Roy came to see me concerning his left arm after receiving the injury – in the month of June 1900 – I found the Biceps muscle – being torn from its point of attachment – – which renders the arm powerless – – as it can not be raised up. –

He further claimed it was done by lifting scoop shovel full of cement. –

I do not think there could be any thing done for his arm at present for the medical treatment at the time proved useless – –

J. J. Bellin M. D.

P.S. His disability is permanent and was not caused by any vicious habits.

J. J. Bellin M.D.

June 19 02

☞DO NOT FAIL to comply with Order No. 229 from the Bureau of Pensions, dated June 19th, 1893, which requires the affiant to state that his testimony was all written by himself, or by some other person in his presence, and only from his oral statements then made; giving the time, place and person, when, where and to whom such oral statements were made; and that, in making the same, he was not aided by any written or printed statement prepared or dictated by any other person.

U. S. PENSION OFFICE JUN 19 1902

WESTERN JUN 23 1902 DIVISION

....he further declares that....he has no interest in said claim.

.... Signature of Affiant. .... J. J. Bellin M.D.
(When affiant signs by mark two witnesses attest.)

....

Subscribed and sworn to before me, this 16 *day of* June 1902, *and I certify that he is a regular practicing physician in good professional standing, a respectable citizen, entitled to credit, and that the foregoing affidavit was read and fully explained to affiant before ..he signed the same, including*

[L. S.]

N. REMMEL

the words..*erased*

and the words..*added: that the certificate of*

my authority to act as Notary Public (Notary public or justice of the peace.) My Commission Expires Feby. 14th, 1904. (On file with the Bureau of Pensions or attached hereto, as the case may be.) *, and that I have no interest, direct or indirect, in the prosecution of this claim.*

N. Remmel
(Signature.)

Notary Public
(Official character.)

My Commission Expires Feby. 14th, 1904.

N. B.—To be executed before a Court of Record or by a Notary Public whose official signature must be verified by his official seal, and in case he has none, or if executed before a Justice of the Peace, his signature and official character must be certified to by a clerk of a Court of Record, or by a City or County Clerk unless such certificate has already been filed with the Commissioner of Pensions.

Additional Evidence.

PHYSICIAN'S AFFIDAVIT.

In re Increase *Pension Claim.*

No. 620,716

Acc't of John Le Roy

Pvt. *late* ..... *Co.* "L", 31 *Reg't.*

Wis. Inf. Vol.

FILED BY
THE ADJUTANT GENERAL
OF WISCONSIN,
STATE AGENT FOR PENSIONS,
ATTORNEY,
MADISON, - WIS.

Forwarded....................., 189....

~~3[illegible]~~ 5-248 M.E.H.

Rec Div.

M.E.A., Ex'r.

C.A. No. 620,716

John Le Roy

Co. G 31 Reg't. Wis. Inf.

Return this with your reply.

3–380.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., August 23, 1901.

SIR: In the claim for pension above entitled, the genuineness of the signature and the official character as Justice of the Peace on Aug. 12, 1901, 189 of Peter Kittlekoven, County of Outagamie, State of Wis, should be certified by the clerk of the county or court of record or other proper officer under the seal of such county court or public officer, which should be in form of the blank at the foot hereof, that it may be placed on file for future reference, so that all persons filing papers executed before him during his term of office may refer thereto, and thus obviate the necessity of filing a certificate in each case. If for any reason a complete certificate cannot be furnished, you should so state with the return of this communication. Return the certificate attached below within 30 days from date of this letter.

Respectfully,

H. Clay Evans
Commissioner.

The Adjutant General
Madison
Wis.

May 1, 1901
Apr. 30, 1903 J.P. Record

RECEIVED
OCT 1 1901
WESTERN DIVISION

Adjutant General's Office, Wisconsin—Pension Division.

GENERAL AFFIDAVIT FOR ANY PURPOSE.

In the matter of the following *Pension Claim* Western Div

No 620716 *account of* John Leroy
(Here give soldier's name.)

late a privit (Grade.) *, of Co.* I *" Regiment* 31 wis Vol Int

State of Wisconsin *, County of* Brown *ss.*

On this 4th *day of* May *, A. D. 1900, personally appeared before me* John Leray *, a respectable citizen, entitled to credit, who being duly sworn says that* *he is a resident of* Wrightstown *, in the County of* Brown *, State of* Wisconsin *,* his *post office address is* Wrightstown Wis *, and is* 61 *years old;* *he declares that* *he has no interest in this claim.*

John Leroy appeared before me a Notary Public a Good and Credeble Citizen entitled to credit being duly sworn says under oath that on or about the 20th November 1893 sustained Injuries to his rite arm while Pulling Plank out of the Government Dam on Fox River at Depere wisconsin by a sudden Jerk of the Roap Pulled the main Tendom of his right arm rendering his Arm Powerless

The above statement is as near Correct as I Can remember as I am getting old and forgetfull

I never was in the service before november 20th 1862 that was my first and only inlistment in the service of the United states

I had made applecation in 1880 and Dropt it had no more to do with it

John LeRoy

WITNESSES MUST STATE THEIR MEANS OF KNOWLEDGE of facts to which they testify, and write their names immediately after their statements, leaving no blank space over their signatures.
When affiant signs by mark two witnesses attest.
Jurat and Seal of Magistrate on other side.

PENSION
H
MAY
7
1900
U. S.
OFFICE.

May 7 /00

Subscribed and sworn to before me, this 4th *day of* May *1900, and I certify that the affiant is a reputable citizen, entitled to credit, and that the foregoing affidavit was read and fully explained to* him *before he signed the same, including the words ________ erased and the words ________ added; that the certificate of my authority to act as* Notary Public *is* ________

(Notary Public or Justice of the Peace.) (On file with the Bureau of Pensions or attached hereto, as the case may be.)

, and that I have no interest, direct or indirect in the prosecution of this claim.

[L. S.]

N. Remmel

(Signature.)

Notary Public

(Official character.)

Under Act of Congress, approved July 1, 1890---this affidavit may be executed before a Court of Record or by a Notary Public, whose official signature must be verified by his official seal, and in case he has none, or if executed before a Justice of the Peace, his signature and official character must be certified to by a Clerk of a Court of Record, or by a City or County Clerk, unless such certificate has already been filed with the Commissioner of Pensions. When duly prepared and executed, return to The Adjutant General, Madison, Wis., who prosecutes all claims for Pensions---for soldiers or their heirs residing in the State, FREE OF CHARGE.

Form I

Additional Evidence.

In re Lawrence *Pension Claim.*

No. 620716

John LeRoy

Acc't of Rennie

late *Co.* "I" 31 *Reg't.*

Wis Inf

MAY 8 1900
DIVISION B

FILED BY
THE ADJUTANT GENERAL
OF WISCONSIN,
STATE AGENT FOR PENSIONS,
ATTORNEY,
MADISON, WISCONSIN.

Forwarded ________ *1900.*

3—104.

Medical Division. Taken

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Dec 14, 1896

No. Claim, 620,716

Claimant, J. LeRoy

Co. I, 31 Reg't Wis Vols

Respectfully returned to the **CHIEF** of the Western Division with the opinion that an incurred ratable disability, under the **ACT OF JUNE 27, 1890**, is not shown in the case from any cause.

Under the general law claimant is entitled to a rate for injury (partial dislocation) to right ankle

Hayes
Medical Examiner.

WWJ

Approved:

Thos. Featherstonhaugh
Medical Referee.

0-4

30. —JAN 4 1916 APR 12 1916

To the Chief. Finance Division:

You are hereby notified that check # 1287350 for $ 90

dated APR 4 1916, in favor of
post-office
Certificate # 620716

JOHN LE ROY,
WEST WRIGHTSTOWN, WIS.
BOX 76

Class ACT MAY 11, 1912

Section One, has been returned to this office by the Postmaster with the information that the pensioner died Apr 2 1916 and said check has this day been canceled.

Very respectfully,
GUY O. TAYLOR,
Disbursing Clerk. GLM

PLATE DESTROYED (D-3)

3—423.
(Old No. 3—536.)

Burlingham

Board of Review Division.

Department of the Interior,

BUREAU OF PENSIONS,

Washington, May 13, 1902

Cert No. 670.716

Claimant, John LeRoy

Soldier,

Co. I, 31 Reg't Wis Vol Inf

Respectfully referred to the **MEDICAL REFEREE** *with the request that he* state whether a ratable disability is shown to exist from alleged loss of use of left arm independent of rheumatism.

Wm Hatton,
Rev

F. H. Dalton
Chief Board of Review.

Chief of ______ *Division*

3–182.
(Old No. 3–428.)

Medical Division,

BUREAU OF PENSIONS

Cff. Washington, D. C. May 16, 1902.

No. Claim, 62071 C.

Claimant, John Le Roy.

Soldier, " " "

Co. D, 31 Reg't Wis. Vols.

Respectfully returned to Chief of Board of Review.
No disability shown from loss of use of left arm independent of traumatism.

Byrne.
Medical Examiner.

Approved.

J. F. Raub
Medical Referee.

- 04

cer
620716

3–357a
(Old No. 3–145 b.)

Cert. No. 620716

ACT JUNE 27, 1890.

Milwaukee

Increase INVALID PENSION.

Claimant, John LeRoy.
P. O. Wrightstown
County Brown
O
State Wisconsin
Rank private
Company
Regiment 31st Wis. Vol. Inf.
Rate, $ 12 per month, commencing January 15, 1902

HS /

Pensioned for — total — inability to earn a support by manual labor

RECOGNIZED ATTORNEY.

WESTERN

Name Adjt Genl Wis.
P. O. Madison, Wis
Fee, $ no
Agent to pay.

APPROVALS.

Submitted for Adm May 10th, 1902, B. B. Albertz, *Examiner.*
Re " " June 28th "

Approved for "Injury to right ankle Catarrh, injury to right arm, and disease of lungs (old)
Loss of use of both arms (new) alleged Aug 17, 1901
Injury of left arm (new) alleged June 19, 1902

Approved for injury to right ankle Catarrh, injury to right arm disease of lungs and injury of left arm

Aggregate of disabilities shown, permanent in character: $ 12
from January 15" 1902

May 13, 1902 W. Hatton, *Legal Reviewer.*
July 1, 1902
JUL 9 - 1902 190 , A. H. Ray *Re-Reviewer.*

Bennet *Medical Examiner.*
Trisler *Medical Reviewer.*
July 10", 1902, A. B. Rand *Medical Referee.*

Enlisted Nov. 20th, 1862; honorably discharged July 8th, 1865
Enlisted , 186 ; honorably discharged , 186
Pensioned at $ 8⁰⁰ per month. Last paid to

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed Aug 17th, 1901, alleges Inc pensd causes and loss of use of both arms.
In afft filed June 19th 1902 - states circumstances under which injury of left arm was incurred, and files evidence in support of same.

Claimant does ~~~ write.
Certificate not filed.

No, *M. C.*

0-4

Tobin

3–428.

Medical Division,

BUREAU OF PENSIONS,

Washington, D. C. Feby 1st 1900.

No. Claim, Ctf 620716

Claimant, John Le Roy

Soldier, " "

Co. I, 31 Reg't Wis Inf

Respectfully returned to Chief of the Western Division with the opinion that an increased disability is shown in this case, by certificate of examination dated December 7th 1898, warranting a rating of $8.00 for pensioned disabilities and injury to right arm, and disease of lungs – No other disability affecting rate.

Newell.
Medical Examiner.

Approved: H. F. Raub
Medical Referee.

0–4

Inv. Old Rejected.

620716 Milwaukee

(3-14

INV

Increase
~~and Additional~~

Claimant, John Le Roy.

P. O., Wrightstown,

County, Brown,

State, Wisconsin.

Rank, Private

Company, I

Regiment, 31 Wis. Vol. Inf.

Rate, $ 8.— per month, commencing December 7, 1898.

B.

Disabled by injury to right ankle, catarrh, injury to right arm and disease of lungs.

Western.

RECOGNIZED ATTORNEY:

Name, Adjt Genl of Wisconsin,

P. O., Madison, Wis.

Fee $ — , Agent to pay.

Articles filed , 189

APPROVALS:

Submitted for adm. Mar. 29, 1900.
2. " " adm. Aug. 28, 1900.

Approved for injury to right ankle and catarrh (old) and injury of right arm and disease of lungs (new) alleged February 11, 1898.

Aug. 29 1900 R. L. Underwood,
Sept. 1 1900. J. H. Bell R. Rev. Legal Reviewer.

J. H. Tobin, Examiner.
B. J. H. Tobin.

Approved for injury to right ankle and catarrh injury to right arm and disease of lungs. Aggregate of disabilities shown permanent in character $8 from December 1898 ~~_~~ at law.

Sept 6, 1900. C. F. Whitney, Acting Medical Referee. WeLe.

Enlisted November 20, 1862. Honorably discharged July 8, 1865. Last paid to , at $ 6, for injury of right ankle and catarrh.

No Pension under other laws at $, for

— ended

~~Original declaration, act June 27, 1890, filed , 189 ; alleged~~

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed February 11, 1898, alleges increase for injury of right ankle and catarrh; also injury of right arm, and weak lungs result of catarrh.

Writes.

Hon. E. S. Minor.

O. I. Rejected

3—530.

(3—145 *b*.)

Act of June 27, 1890.

Increase INVALID PENSION.

Inv. Cert. No. 620.716.

Claimant, John Le Roy.

P. O., Wrightstown, — Rank, Private,

County, Brown, — Company, I.

State, Wis. — Regiment, 31 Wis. Vol. Inf.

***Rate,* $** per month, commencing

REJECTED.

Disabled by

RECOGNIZED ATTORNEY:

Name, Adjt. Genl. of Wis. — Fee $, Agent to pay.

P. O., Madison, Wis. — Articles filed , 189

APPROVALS:

Submitted for rej. Dec. 24, 1896.

Approved for Injury to right ankle & catarrh. + old –

Reject, rupture of tendons of right arm, no disability, subject to action of Med. Ref.

Jany 2, 1897, Strait, Legal Reviewer.

J. H. Tobin, Examiner.

Approved for Injury to right ankle and catarrh $6 Not Increased

(See slip.)

No other ratable disability

Hayes

Thos. Featherstonhaugh

Jany 14, 1897, Medical Referee.

Enlisted Nov. 20, 1862. Honorably discharged July 8, 1865. Last paid to , at $ 6, for injury of right ankle and catarrh.

No Pension under other laws at $, for

ended

Original declaration, act June 27, 1890, filed Aug. 1, 1890; alleged disease of lungs and loss of thumb and forefinger of right hand.

PRESENT CLAIM, ACT OF JUNE 27, 1890.

Declaration filed January 19, 1894, alleges increase of pensioned disabilities; also rupture of tendons of the right arm.

Writes,

Hon. E. S. Minor

9580 b—20 m

620,716
Milwaukee

(3–145 a.)

O C Pend

Act of June 27, 1890.

INVALID PENSION.

Claimant, John Le Roy,
P.O., Wrightstown, Rank, Pri
County, Brown, Company, I
State, Wis. Regiment, 31, Wis. Vol. Inf.
Rate, $ 6. per month, commencing Aug 1, 1890
a.O.

Disabled by Injury of right ankle & catarrh

RECOGNIZED ATTORNEY.

Name, Adjutant Genl Fee, $~~10~~ Agent to pay.
P.O., Madison. Wis. Articles filed, , 189 .

APPROVALS.

Submitted for Adm. May 29, 1891. J. M. Johnson, Examiner.
DB
Approved for Admission
Exclude loss of thumb and top of 1st joint, 1st finger.
Macauley
Legal Reviewer.
June 12 1891.

Approved for injury of right ankle and naso-pharyngeal catarrh.
W. H. C.
$6.00 no other disability except as legally resumed
H. C. Miller. M. E.
Medical Referee.
June 29, 1891.

now pensioned under other laws. Last paid to , 189 , at $

Pensioned from , 18 , at $, for

SERVICE SHOWN BY RECORD.

Enlisted Nov 20, 1862, honorably discharged July 8, 1865
Re-enlisted , 18 , honorably discharged , 18
Declaration filed Aug 1, 1890, alleges permanent disability, not due to vicious habits, from disease of lungs and loss of thumb and fore finger of right hand,

Clk. Comis. No M.E.

6—687

3982—400 m

Also personally appeared James D. Keelan, residing at Kaukauna Wis and George W. Lawe, residing at Kaukauna Wise persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw John Le Roy, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with him for 16 years and 30 years, respectively, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

James D. Keelan
Geo W Lawe
(Signature of witnesses.)

Sworn to and subscribed before me this 17th day of July A. D. 1890, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words .... erased, and the words .... added; that the certificate of my authority to act as Notary Public (Notary public, or justice of the peace, etc.) is on file with the Bureau of Pensions (On file with the Bureau of Pensions or attached hereto, as the case may be.), and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

D. J. Brothers
Notary Public

D J Brothers
(Signature.)
Notary Public Wise
(Official character.)

☞ *Under Act of Congress approved July 1, 1890, this application may be executed before a Notary Public, Justice of the Peace, or any Officer* authorized to administer oaths.

☞ This declaration is worthless unless the officer before whom the same is executed has the certificate of his authority to act on file with the Bureau of Pensions, or unless such certificate is attached hereto, or unless the declaration is executed before a clerk of the court.

☞ When duly prepared and executed, return to the Adjutant General, Madison, Wis., who prosecutes all claims against the U. S. Government, for those soldiers or their heirs residing in the State, FREE OF CHARGE.

The Act of June 27, 1890, REQUIRES in case of a soldier:

1. An honorable discharge (but the certificate need not be filed unless called for).
2. A minimum service of ninety days.
3. A permanent physical disability not due to vicious habits. (It need not have originated in the service.)
4. The rates under the act are graded from $6 to $12, proportioned to the degree of inability to earn a support, and are not affected by the rank held.
5. A pensioner under prior laws may apply under this one, or a pensioner under this one may apply under other laws, but he cannot draw more than ONE pension for the same period.

Not for Orig 392990 W

Orig. Inv. 392990.

PENSION OFFICE U.S.
AUG 1 1890

ACT OF JUNE 27, 1890.

Soldier's Application.

Name John Le-Roy
Service Co "I" 3rd Wis Infty
as a Private
Address Wrightstown
Brown Co. Wis
4/63

392375

THE ADJUTANT GENERAL
OF WISCONSIN,
Attorney,
MADISON, - WIS.

Date of execution ...., 189

269

DECLARATION FOR INCREASE OF PENSION.

Under the Act of June 27, 1890.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Wisconsin }
County of Brown } ss:

On this 31st day of January, A. D. one thousand eight hundred and ninety-Eight personally appeared before me, a Notary Public within and for the County and State aforesaid, John LeRoy aged 59 years, late a member of Co. I, Regiment, 31 Vol. Wis Inft a resident of the Town of Wrightstown County of Brown, State of Wisconsin, who being duly sworn according to law, declares that he is a pensioner of the United States under the act of June 27, 1890, enrolled at the Milwaukee Pension Agency at the rate of six dollars per month, by reason of partial inability to earn a support by manual labor, his pension certificate being numbered 620716. That he believes himself to be entitled to an increase of pension on account of the disabilities heretofore alleged, namely, dislocated right ankle

(Here insert the disabilities alleged in original and subsequent declarations.)

The main Tendon what holds the muscle in my right arm is pulled loose from the shoulder and takes away the strength of said

Also on account of arm

(Here insert the disabilities not previously alleged.)

I have weak lungs caused by Catarrh

incurred Said Injoured arm was caused while

(State when and where disabilities originated, and if wounds or injuries, give circumstances of incurrence.)

working on the dam at DePere Wis on or about Nov. 20th 1893

That none of said disabilities are due to vicious habits, and that they are to the best of his knowledge and belief of a permanent character, that he appoints The Adjutant General of the State of Wisconsin, Madison, Wis., County of Dane, State of Wisconsin, his true and lawful attorney to prosecute his claim. That his post-office address is Wrightstown County of Brown, State of Wisconsin

Claimant's signature: John LeRoy

Attest: S W Joslin
Earl B Joslin

PENSION
B
FEB
11
1898
U. S.
OFFICE.

Jany 11/98

Also personally appeared Earl A Joslin, residing at Wrightstown Wis and John A Joslin, residing at Wrightstown, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say they were present and saw him, the claimant, sign his name (or make his mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their, acquaintance with him, that he is the identical person he represents himself to be, and that they have no interest in the prosecution of this claim.

Earl A Joslin
John A Joslin
(Signatures of witnesses.)

Sworn to and subscribed before me this 31st day of January, A. D. 1898,

S. W. JOSLIN NOTARY PUBLIC BROWN COUNTY WIS.

[L. S.]

and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words ...., erased, and the words ...., added; and that I have no interest, direct or indirect, in the prosecution of this claim.

S. W. Joslin
(Signature.)
Notary Public
(Official character.)

☞ N. B.—When duly filled out and attested, return to the Adjutant General, Madison, Wis., who prosecutes, FREE OF CHARGE all claims against the U. S. Government, for soldiers or their heirs residing in the State.

CLAIM FOR INCREASE.

ACT OF JUNE 27, 1890.

John Le Roy, Applicant.

Co. D, 21 Regt.,

Wis. Inf. Vols.

(Pension certificate not required.)

~~Invt~~

Certificate No. 620,716

035

FILED BY
THE ADJUTANT GENERAL
OF WISCONSIN,
STATE AGENT FOR PENSIONS,
ATTORNEY,
MADISON, - WIS.

Executed Jan 31 1898.

X **To be executed before a Court of Record or by a Notary Public, whose official signature must be verified by his official seal, and in case he has none, or if executed before a Justice of the Peace, his signature and official character must be certified to by a clerk of a court of record, or a city or county clerk, unless such certificate has already been filed with the Commissioner of Pensions.**

The Post-office address (naming street and number in all large cities) of the applicant, attorney, and witnesses, should be embodied in or accompany every application, *and all evidence in each claim;* and each change of residence of said parties, while communicating with the Bureau of Pensions or the pension agents should be stated.

Pensions are, by law, exempted from any liability on account of the obligations of the pensioners, and no lien upon them can be recognized.

This declaration and any testimony in support of the allegations made therein may be executed before any officer authorized to administer oaths for general purposes in the State, city, or county where said officer resides.

L

Milwaukee

3—264

Reissue

ACT OF MAY 11, 1912.

Cert. No. 620716

Claimant, John Le Roy

P. O., Wrightstown

County, Brown

State, Wisconsin

Rank, Private

Service, I

31 Wisc Inf

Rate, $ 24.- per month, commencing May 20, 1912

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, ... Fee, $............; Agent to pay.

P. O., ... Articles filed ...., 19

CIVIL WAR

APPROVAL.

Submitted for Admx, Aug 9, 1912 F. C. Griffin Examiner.

Re " " 23

Approved for admission Rate $ 24 per month; age 72 years.

Reissue from Act February 6, 1907

Length of pensionable service: 2 years, 7 months, 19 days.

Deductions in service from any cause: none years, ... months, ... days,

on account of ....

Aug 26, 1912 O P Fallon Legal Reviewer. Aug 27, 1912, A. S. Jones Re-Reviewer.

Enlisted Nov 20, 1862 honorably discharged July 8, 1865

Enlisted ...., 18 ; honorably discharged ...., 18

Enlisted ...., 18 ; honorably discharged ...., 18

Length of pensionable service: 2 years, 7 months, 19 days.

Pensioned at $ 15 per month, under Act Feby 6 1907

PRESENT CLAIM, ACT OF MAY 11, 1912.

Declaration filed May 20, 1912

Age shown by evidence 72 years; date of birth alleged Dec 25, 1839

Claimant does .... write.

6—3317

............, M. C.

C

a B

state wisconsin
County of Brown

Act of February 6, 1907

Declaration for Pension

On this 27th day of December 1909 as appeared before me a Notary Public within and for the County and State aforesaid John LeRoy who being duly sworn according to law declares that he is 70 years of age and a resident of Wrightstown County of Brown State of wisconsin and that he is the identical person who was enrolled at Green Lake County Wisconsin under the name of John LeRoy on the 20th Day of November 1862 as a privet in Co. I. 31. Regiment wisconsin Volenteer Infantry in the service of the United States in the Civel War an was hanorablely discharged at Louisville Kentucy on the 8th day of July 1865 that he also served two years and Seven Month

I was Not employed any ather cervices of the Unnited State cence my Discharge as stated above

that his personal description at enlistment was as follows height five feet Nine inches Complexion light Calar of Eyes Dark Calor of hair light – that his occupation was Farmer that he was born December 25th 1839 Columbia County state Wisconsin

that his places of residence since leaving the service been as follows Wrightstown Brown County Wisconsin at the time of my inrolment I was 22 years and 10 Month old, that his post office address is, Wrightstown Brown County wisconsin

attest (1) Odelia Remmel.
(2) N. Remmel

claimant signature John LeRoy

U. S. PENSION OFFICE
N
DEC 31 1909

also personally appeared S J. Allison residing in wrightstown Brown County Wisconsin and Hugh Freeman residing in wrightstown Brown County wisconsin persons whom I certify to be respectable and entitled to credit, and who being by me duly sworn say that they were present and saw John Le Roy the Claimant sign his name to the foregoing declaration that they have every reason to believe from the appearance of the Claimant and their acquaintance with him of 11 years and 36 years respectively that he is the identical person he represents himself to be, and that they have No interest in the prosecution of this Claim

Samuel J. Allison
Hugh Freeman
signature of witnesses

LAW DIVISION
DEC 31 1909
RECEIVED

Subscribed and sworn to before me this 27th day of December 1909 and I hereby certify that the Contents of the above declaration were fully made known and explained to the applicant and Witnesses before swearing and that I have no interest direct or indirect in the prosecution of this Claim

N. Remmel
Notary Public
My Commission Expires Feby. 4th, 1912

Declaration valid.
S. A. Cuddy,
Chief, Law Division.
per A H D

Ctf-620,716
O+J

John Le Roy
I.31. Wis Inf

LAW DIVISION
DEC
31
1909
RECEIVED

RECORD
JAN
4
1910
DIVISION

JHW

cal 620716

Milwaukee

3—364.

Origi No.

Certificate No. 620716

RE-ISSUE

ACT OF FEBRUARY 6, 1907.

Claimant, John Le Roy

P. O. Wrightstown | Rank, Private

County, Brown | Company, I

State, Wisconsin | Regiment, 31 Wisconsin Vol. Inf.

Rate, $ 15- per month, commencing December 31, 1909

STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name, None

P. O.,

APPROVAL.

Submitted for ad- Jan'y 11, 1910 E. A. Shesley, Examiner.

Approved for Admission

Age over 70

Rate $15. per month

Reissue allow under Act of February 6/07. Deduct sub payments & drop from rolls under Act of June 27-1890

Jan'y 12, 1910, J. M. Bal[illegible] Legal Reviewer. Jan'y 13, 1910, W. B. Potter Re-Reviewer.

Enlisted Nov 20, 1862; honorably discharged July 8, 1865

Enlisted, 18 ; honorably discharged, 18

Enlisted, 18 ; honorably discharged, 18

Pensioned at $ 12 per month, under Act June 27, 1890.

PRESENT CLAIM, ACT OF FEBRUARY 6, 1907.

Declaration filed Dec 31, 1909.

Date of birth alleged, Dec 25, 1839

Age shown by evidence 70 years.

Claimant does — write.

Gustav Küstermann att

[illegible], M. C.

6—810

3-173.

Western Div.
J. H. T., Ex'r.
I. Cert. No. 620,716,
John Le Roy,
Co. I, 31 Reg't Wis. Vol. Inf.

U.S. PENSION OFFICE OCT 29 1898

REC'D OCT WESTERN

Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Oct, 20, 1898.

Sir:

Will you kindly answer, at your earliest convenience, the questions enumerated below? The information is requested for future use, and it may be of great value to your family.

Very respectfully,

J. L. Davenport
Acting Commissioner.

Mr. John Le Roy,
Wrightstown,
Wis.

No. 1. Are you a married man? If so, please state your wife's full name, and her maiden name.
Answer: Yes - Eliza LeRoy - Eliza Victor

No. 2. When, where, and by whom were you married? Answer:
Jan 18-1869 - Wrightstown Wis. - By J. P. D. O. Johnson

No. 3. What record of marriage exists? Answer:
Justice of the Peace Record.

No. 4. Were you previously married? If so, please state the name of your former wife and the date and place of her death or divorce. Answer: No

No. 5. Have you any children living? If so, please state their names and the dates of their birth. Answer: Yes - 9 - John S Leroy June 25 - 1871
Agnes J. - Jan 16-1874 - Mary T - April 23 - 1876 - Ida E.
Leroy - Feb 23 - 1879 - Frank Nov 26 - 1881
Fred - Feb 23 - 1884 - Jo's Leo - Oct 16 - 1889
Gertrude E - Sept 4 - 1891
Sherman Sept 19 - 1894

Date of reply, Oct 27, 1898

John LeRoy
(Signature.)

0-2

G. M. SALTZGABER,
Commissioner.

The inclosed form is as follows:

Certificate No. No 620716

Name John Lee Roy

Co Company E Regiment 31 Reg [illegible] Inft

I am pensioned under the Act of May 11, 1912, at the rate of $24 per mo (and claim such benefits under said Act as I may be entitled to by reason of age and length of service, and the provisions of the Act of March 4, 1913. I was 73 years old on the 25 day of December, 1912

Name John Lee Roy

Address West Wrightstown Wis

Will be 75 my next birthday Dec 25 - 14.

The above to be filled in and sent to the Commissioner of Pensions in case you have reached the age of 66, 70 or 75 years since filing your original claim under the Act of May 11, 1912, and that your pension certificate bears a date prior to March 4, 1913, and that you are not now drawing a rate based on 75 years of age.

CIVIL WAR DIVISION OCT 22 1914

MAR 1915

gay of old-fashioned flowers, he gift of Mrs. Helen A. McCluer and Mrs. Samuel Bloomer. Mr. Bloomer was made acting vice-president of the organization. Comrade Bloomer lost a leg at Antietam, but thinks he can fulfill the duties of his new position.

The 49th Annual Reunion of the 8th Ill. Cav. was held at Auditorium Hall, Glen Ellyn, Ill., Sept. 18. Seventy-three members of the regiment were present, besides 50 ladies and friends. Officers for the ensuing years are as follows: President, L. S. Shafer, Naperville, Ill.; Vice-President, J. C. Ketcheson, Leavenworth, Kan.; Secretary and Treasurer, Capt. W. C. Hazleton, 5046 Forest Glen ave., Chicago, Ill.; Assistant Secretary and Treasurer, Jesse Hazelton, Askegaard, Ill.; Second Assistant Secretary and Treasurer, Elizabeth Hazelton Nicol, Ill. It was decided to hold the Reunion for 1915 at St. Charles, Ill., Sept. 18.

The 153d Pa. held their Annual Reunion at Easton, Pa., Sept. 19. There were about 50 members present. The Reunion opened with a business meeting at G. A. R. Hall, Col.

greeting and extended

for his comrades of the 130th Pa. to be his personal guests, when it came to assemble in convention in 1915. The invitation was heartily accepted. The following officers were elected for the ensuing year: President, Jacob Bitner, Marysville; Vice-President, Wm. Murtorff, Reading; Secretary, J. D. Hemminger, Carlisle; Treasurer, A. C. Fink, Carlisle; Surgeon, Dr. W. L. McKibben, Amaranth; Chaplain, Rev. J. H. Young, New Cumberland.

The remnants of a once numerous body, the Illinois State Association of Ex-Prisoners of War, gathered at Decatur, Ill., Sept. 17 for their Annual Reunion. Durham Post, G. A. R., of Decatur, entertained the veterans at a big banquet. The delegates were taken for an automobile ride about the city, and the sessions closed with a big dinner in G. A. R. Hall. Officers elected for the ensuing year are as follows: President, W. H. Watson, Chebanse; Vice-President, A. T. Ives, Bloomington; Chaplain, George Knapp, Bloomington; Secretary-Treasurer, D. H. Baldwin, Janesville, Wis.

The 29th Annual Reunion of the 114th Ohio was held at G. A. R. Hall

3—871

RECORD DIVISION

Department of the Interior

BUREAU OF PENSIONS

MAILS & SUPPLIES DIVISION

Briefed by NL-5

Claim No. W. O. 1064438

Certificate No. OK

Claimant Wid.

Soldier John Le Roy

Service Co I 31 Wis. Inf

Additional Service ....

No .... *claim, State records* ...., *191*

No claim, combination records ...., *191*

REMARKS:

Adj. Div.

CIVIL WAR DIVISION
MAY 15 1916

6—1944

Chief Division.

Dmc

Cert 620706 — Apl. 20/15

John LeRoy
Co. D 31 Wis Inf

Mr John LeRoy
Wrightstown, Wis.

Sir

Your above entitled claim for increase of pension, under the act of May 11 1912, is under consideration with a view to final action and of the result you will be duly advised

No further application is required

A accrued
J.L.B.

Apr. 18. 16 F

3—852

A.J. Moore Ex'r. DEPENDENT.

931 No. 1064438

Notified Apr 21, 1916
Dr

Act of Act of April 19, 1908

Eliza Le Roy
West-Wrightstown
Wis.

Widow
John Le Roy

Service I 31 - Wis Inf

Died Apr 2. 1916, Wrightstown Wis.
No other claim, than
I. C. 620716 O.J.A.

Apr 20, 1916 J.N.B. Clerk.

Application filed: Apr 13 - 1916
Attorney: Clmt
P. O.

Cert. of Dis. Searched for , 19

6—1359 J.P.

R

CIVIL WAR
APR 22 1916
DIVISION

976808560

GBF

JMC-/EBC.
Section I
Civil War Division
Inv.Ctf. 620,706
John LeRoy
Co. I, 31 Wis. Inf.

13

April 22, 1915.

Mr. John LeRoy,
Wrightstown,
Wisconsin.

Sir:

Your claim for increase of pension under the Act of May 11, 1912, is being considered with a view to final action and you will be duly notified of the result.

Further application is not required.

Very respectfully,

G. M. SALTZGABER.

Commissioner.

2 Briefs

3—438

Cert. 620.716

Act May 11 - 1912

car
Group 1

ACCRUED PENSION

66

Class Invalid

Pensioner John Le Roy

Date of death April 2, 1916 Certificate not filed.

Claimant Eliza Le Roy, Widow
West Wrightstown,
Brown County,
Wisconsin

Civil War,

Attorney None

Address

The fee of $ none allowed on issue of to of to be paid when payment is made on accrued.

Submitted for Ad. May 23 1916, S. J. Moore, Examiner.

Approved for Adm'n pmt.
Pay widow as above

~~H. G. Hutton~~, Reviewer, May 27, 1916

W. W. Van Loan, Rereviewer, May 31, 1916

M. C. None Claimant writes.

c 6—541

mw Group 1 (Milwaukee)

3—364

Increase

ACT OF MAY 11, 1912.

Act of March 4, 1913.

Cert. No. 620716

Claimant, John Le Roy

A.C. West P.O., Wrightstown

County, Brown

State, Wisconsin.

Rank, Private

Service, Co I 31 Wis. Inf.

J B. Rate, $30. per month, commencing December 25-1914.

Civil War.

ATTORNEY OR STATE REPRESENTATIVE.

(Order April 25, 1907.)

Name,

P. O.,

Fee, $; Agent to pay.

Articles filed , 19

APPROVAL.

Submitted for Ad April 21, 1915, J.M. Curtis, Examiner.

Approved for Increase Rate $ 30 per month; age 75 years.

Length of pensionable service: 2 years, 7 months, 19 days.

Deductions in service from any cause None years, months, days,

on account of

May 4, 1915, A. L. Craig Legal Reviewer. May 6, 1915, W. W. Van Loan Re-Reviewer.

May 6 1915 A.L.C.

Enlisted Nov. 20, 1862 honorably discharged July 8, 1865

Enlisted , 18 ; honorably discharged , 18

Enlisted , 18 ; honorably discharged , 18

Length of pensionable service: 2 years, 7 months, 19 days.

Pensioned at $24. per month, under Act of May 11, 1912.

PRESENT CLAIM, ACT OF MAY 11, 1912.

O.W.V. Letter ~~Declaration~~ filed ~~March 11~~ Oct 17, 191~~5~~ 1914

Age shown by evidence 75 years; date of birth alleged Dec 25, 1839

Claimant does write.

6—3317

No, M. C.

G.R.C. Phillips Ex'r. [3—216.] 246 INVALID. 10

G. R. C. P.
West. Div. E.

No. 392390

Acts of July 14, 1862, and March 3, 1873.

REJECTED.

John Le Roy

P. O. Wrightstown.
Brown Co. Wis.

Service: Pvt Co "I" 31. Wis Infy

BOARD OF RE[illegible]
APR

Enlisted: Nov 20, 1862

Discharged: July 8, 1865

Application filed: June 28, 188

OR

Alleges: dislocation of right ankle, bat. of Bentonville S.C. about 18, match 1864.

Re-enlisted:

Attorney: R.H. Fitzgerald & Co

P. O. Indianapolis Ind.

Recognized. Contract

Cert. of Dis. Searched for

R.A.

Feb. 9/81. Dr. & atty.
June 1-81- circ.
Aug. 23/81. Dr. Bartran

Aug. 14/82

~~A. G.~~

~~A. G.~~

attys for sub serv—

Oct. 13/82. Atty for Offs & Surg
" " Continued

Jan 3/83 ~~E. H. Dr. Bartran
Port Howard, Wis~~

July 27/85 ~~Atty E. H. Dr. Brett. Green Bay Wis.~~
Atty C.O. R.S. & Cont.
" Cir 57 # 3.

Apl 17/86. Attys awaits C.O.
R.S. & Cont.

Oct 19/87 Attys 100
day notice W.T.F.

OCT 19 1887

100
DAY NOTICE.

THIS CLAIM IS REJECTED ON ACCOUNT OF CLAIMANT'S FAILURE, AFTER A REASONABLE TIME, TO FURNISH THE NECESSARY PROOF TO ESTABLISH THE CASE. DATE AND CAUSE OF REJECTION SENT to atty & Clmt ON Apr 13 — 8

3-1647.

Act of Feb. 6, 1907.

I/31

Cert. 620.716

Name, John LeRoy
Wrightstown
Brown Co. Wis.

Application filed Dec. 31, 1909

Service, I, 31" Wis. Inf.

80

0-2

M.D.

3-202.

BOARD OF REVIEW

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS.

Washington, D. C., Aug 14, 1912

No. Claim,

Cert. No. 620716

Claimant,

Soldier, John Le Roy

Co. G , 31 *Reg't.* Wisc Inf

Respectfully, returned to the Chief of the Civil War Division for a report from the War Department showing soldiers age and personal description.

T. W. DALTON,
CHIEF BOARD OF REVIEW.

Chief, Board of Review.

O P Hallam

6

HISTORY OF CLAIM.

Pensioner, John Le Roy, Certificate No. 620.716.

1st service, Co. I. 31 Wis. Vol. Iy.; enlisted, Nov. 20, 1862; discharged July 8, 1865.

2nd service, ; enlisted, , 18 ; discharged, , 18

Pensioned from Aug. 1, 1890, at $ 6 per month for injury of right ankle and catarrh.

Original declaration, Act of June 27, 1890, filed August 1, 1890, alleged dislocated ankle, disease of lungs, and loss of thumb and forefinger of right hand. Declaration filed Jan. 19, 1894, alleged increase; also injury of right arm. - Rejected February 8, 1897.

3—202

BOARD OF REVIEW.

DEPARTMENT OF THE INTERIOR,

BUREAU OF PENSIONS.

MC

Washington, D. C. May 5, 1915

No. Claim

Cert. No. 620716

Claimant,

Soldier, John LeRoy

Co. I, 31" Reg't. Wis Inf

Respectfully returned to Mr Craig Rw Mr Ruffels Sec

In newspaper clipping filed Oct 17" 1914 – (nov March 11" 1915) Claimants gives his address as North Wrightstown –

W. W. Van Loan
RR

Chief, Board of Review.

6—720

WEST WRIGHTSTOWN.
OCT
15
A.M.
1914
WIS.

PENSION
U. S.
OCT
17
1914
OFFICE.

U.S.POSTAGE
2 CENTS 2

Commissioner of Pension
Washington
D. C.

CIVIL WAR.
OCT. 22 1914
DIVISION

New Decl

W. L. S.

19

3—888

LAW DIVISION

APR 14 1916, 191

Group / Eckman

NOTICE OF APPLICATION

Widow's ~~*Accrued*~~

Soldier or Sailor John Le Roy. ✓

Service I 31 Wis. Inf. ✓

Inv. *Cert. No.* ? 620716 ✓

Name and relationship of pensioner, if other than soldier or sailor:

Date of death of pensioner or supposed pensioner : April 2-1916.

Place of death

Name and relationship of claimant: Wid. Eliza

Address West Wrightstown, Wis.

Date of filing Apl 13/16.

Apl 15, 1916

Dropped

To Chief Finance Division:

You are advised of receipt of application in above case.

L.A. Cannon

Chief, Law Division.

6—1985

URBAN B. REMMEL, P. M. OF [illegible] t. P. M.

United States [illegible]

WEST WRIGHTSTOWN, [illegible]

4 - 4 1916.

Dept. of Interior,

Bureau of Pensions,

Washington, D. C.

Respectfully referred :

Am returning herewith pension check of Mr. John Le Roy, who died April 2, '16 and is survived by a wife.

U. B. Remmel
P. M.

UBR/O.

FINANCE
APR 17 1916

SECTION
RECEIVED
APR 6 1916
ONE

Act of June 27, 1890.

(3-230.)

INVALID. (*Series*)

Cert. No. 620.716

Name, John Le Roy

Rank, Pt. ; Service, Co. D. 31" Wis. Vol. Inf.

Agency.
Original Roll: Milwaukee
Transf'd , 19 , to
, 19 , to

---

2 *Issue.* *Class* Inc. *Fee, $* None *Entered*

Issued Sept. 21", 1900
Mailed " 27, 1900
Rate and Period, $ 8, *from* Dec 7, 1898.

Deductions:

Disability: Partial inability to earn a support by manual labor.

Issue. *Class* *Fee, $* *Entered*

Issued , 19 .
Mailed , 19 .
Rate and Period, $, *from* , 19 .

Over

Deductions:

Disability:

(208-30,000.)

---

3 *Issue.* *Class* Inc *Fee, $* None *Entered*

Issued July 15, 1902
Mailed " 24, 1902
Rate and Period, $ 12, *from* Jan 15, 1902.

Act of June 27, 1890

Deductions:

Disability: Inability to earn a support by manual labor

Issue. *Class* *Fee, $* *Entered*

Issued , 19 .
Mailed , 19 .
Rate and Period, $, *from* , 19 .

Deductions:

Disability:

INDORSEMENTS.

~~Act of Feb. 6, 1907~~ $30.

INVALID ~~DEAD.~~ Cert. No. 620,716

Name, John Le Roy

Rank, Pri ; Service, Co. I 31" Wisc. Vol Inft

Agency: Original Roll: ~~Milwaukee~~
Transf'd ______, 1 , to Group 1
" ______, 1 , to

4 Issue. Class Reis Fee, $
Entered
Issued Jan 14 1910
Mailed JAN 15 1910
Rate and period, $ 15 , from Dec. 31, 1909
Deductions: 0
Disability: ✓

5 Issue. Class Reis. Fee, $ M7
Entered
Issued Augt. 29 - 1912
Mailed AUG 30 1912
Rate and Period, $ 24. , from May 20 - 1912
✓
Deductions: 0
ACT OF MAY 11, 1912
Disability:

6 Issue. Class Inc Fee, $
Entered
mr Issued May 8 - 1915
Mailed
Rate and period, $ 30 , from Dec 25 - 1914
✓
Deductions:
Disability: ACT. OF MAY 11, 1912

Issue. Class Fee, $
Entered
Issued
Mailed
Rate and Period, $ ______, from
Deductions:
Disability:

~~Accrued Pension,~~
ACT OF MARCH 2, 1895.
Accrued-Pension Order
Issued June 2, 1916
Payable to widow
Sent
to Finance Division.

HR.

INDORSEMENTS.

Apl. 21/15 Clmt Inc, under consideration &c JMC

DROPPED
APR 20 1916 FINANCE
R

See Widow Cert #808560

Duplicate Jacket,

[3—216.]

Tobin, Ex'r. INVALID.

Cert. No. 620,716.

Acts of July 14, 1862, and March 3, 1873.

— Tobin —

John Le Roy.

P. O. Wrightstown,
Brown Co., Wis.

Service: Priv. Co. I. 31 Wis. Vol. Inf.

Enlisted: Nov. 20, 1862

Discharged: July 8, 1865.

Application filed: June 28, 1880.

Alleges: Dislocation of right ankle.

Re-enlisted:

Attorney: No Atty.

P. O.

Recognized. Contract.

Cert. of Dis. Searched for , 18

(13517—25,000.)

Dec. 24, 1896.

Origin and treatment in service of injury to right ankle, To Claimant Atty to Hon. E. S. Minor

Ind.

Ill.

Iowa.

Wis.

Minn.

Nebr.

Kans.

Nev.

Colo.

Cal.

Oregon.

Ind. Ty.

N. Mex.

Dakota.

Wash.

Utah.

No.

ACT OF MAY 11, 1912

3—1647.

~~Act of Feb. 6, 1907.~~

Cert. 620716

Name, Johnike Roy

Application filed May 20, 1912

Service,

Aug 19-12

A Grntd age

FCG

[3—216 *a.*]

V. M. Johnson Ex'r.

No. 392,390

Act of June 27, 1890.

John Le Roy

P. O. Wrightstown

Brown Co. Wis.

Service: I- 31- Wis. Inf.

Enlisted: , 18 .

Discharged: , 18 .

Application filed: Aug. 1, 1890.

Alleges:

Any other Claim filed: 392,390

Numerical No. 252,375

Attorney: Adjutant General

P. O. Madison

Wis.

JUN 1 1891

Recognized. Contract.

Cert. of Dis. Searched for , 18 .

M. M. K

Ntf 10/29-90 .N.

IND. Dec 2/90. Atty Ex

ILL. Green Bay. Wis—

IOWA.

WIS.

MINN.

NEBR.

KANS.

NEV.

COLO.

CAL.

OREGON.

IND. TY.

N. MEX.

DAKOTA.

WASH.

UTAH.

No. ....

(3–230.)

Act of June 27, 1890.

INVALID. (Series)

Cert. No. 620716

Name, John Le Roy.

Rank, Pri ; Service, Co. "I" 31" Wis Vol. Inft.

Agency.
- Original Roll: Milwaukee
- Transf'd , 18 , to
- " , 18 , to

No fee

1" Issue. Class

Entered

Issued July 11", 1891.

Mailed " 21 , 1891

Rate and Period, $ 6. , from Aug. 1", 1890

Deductions: ✓

Disability: Injury of rt. ankle & catarrh

Issue. Class

Entered

Issued , 18

Mailed , 18

Rate and Period, $, from , 18

Deductions:

Disability:

Issue. Class

Entered

Issued, , 18

Mailed , 18

Rate and Period, $, from , 18

Deductions:

Disability:

Issue. Class

Entered

Issued , 18

Mailed , 18

Rate and Period, $, from , 18

Deductions:

Disability:

INDORSEMENTS.

Order 598–40M.

ACT OF MAY 11, 1912. 3—014.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Wisconsin, *County of* Brown, *ss:*

On this 17 day of May, A. D. one thousand nine hundred and Twelve, personally appeared before me, a Natary Public within and for the county and State aforesaid, John Leroy who, being duly sworn according to law, declares that he is 72 years of age, and a resident of Wrightstown, county of Brown, State of Wisconsin; and that he is the identical person who was ENROLLED at Green lake County wiscosin, under the name of John Le Roy on the 20th day of November, 1862, as a private, in Captin Martin C Shorts Co. I. 31st Regiment of Wisconsin Infantry Valenteers
(Here state rank, and company and regiment in the Army, or vessels if in the Navy.)
in the service of the United States, in the Sevel war, and was HONORABLY DISCHARGED
(State name of war, Civil or Mexican.)
at Louisvill Kentucy, on the 8 day of July, 1865.

That he also served No other
(Here give a complete statement of all other services, if any.)

That he was not employed in the military or naval service of the United States otherwise than as stated above. That his personal description at enlistment was as follows: Height, 5 ft feet 9 inches; complexion, light; color of eyes, Dark; color of hair, light; that his occupation was Farmer; that he was born December 25th, 1839, at Columbia County wisconsin

That his several places of residence since leaving the service have been as follows:
Portage City Wisconsin 4 years and Ever sence lives in Brown County wisconsin
(State date of each change, as nearly as possible.)

That he is a pensioner under certificate No. 620716. That he has not applied for pension under original No.

That he makes this declaration for the purpose of being placed on the pension roll of the United States under the provisions of the act of May 11, 1912.

That his post-office address is Wrightstown, county of Brown, State of Wisconsin

Attest: (1) Odelia Remmel.
(2) Frank Smith

John LeRoy
(Claimant's signature in full.)

SUBSCRIBED and sworn to before me this 17 day of May, A. D. 1912, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words erased, and the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. S.]

N. Remmel
(Signature.)

Natary Public
(Official character.)

My Commission Expires Jan. 30 1916

N. REMMEL

PENSION OFFICE
U. S.
MAY 20 1912

lidity as to exec.
S. A. Cuddy,
Chief. Law Divisio
per C B

IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

3—014.

ACT OF MAY 11, 1912.

CLAIM FOR PENSION.

Certificate No. 620 716.

Name, John Le Roy.

Service,

INSTRUCTIONS.

T[illegible]form may be used for original pension or increase of pens[illegible]n.

Declaration and testimony in support of same to be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and [illegible]se a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

CIVIL WAR
JUN 4 1912
DIVISION.

ACT APPROVED MAY 11, 1912.

That any person who served ninety days or more in the military or naval service of the United States during the late Civil War, who has been honorably discharged therefrom, and who has reached the age of sixty-two years or over, shall, upon making proof of such facts, according to such rules and regulations as the Secretary of the Interior may provide, be placed upon the pension roll and be entitled to receive a pension as follows: In case such person has reached the age of sixty-two years and served ninety days, thirteen dollars per month; six months, thirteen dollars and fifty cents per month; one year, fourteen dollars per month; one and a half years, fourteen dollars and fifty cents per month; two years, fifteen dollars per month; two and a half years, fifteen dollars and fifty cents per month; three years or over, sixteen dollars per month. In case such person has reached the age of sixty-six years and served ninety days, fifteen dollars per month; six months, fifteen dollars and fifty cents per month; one year, sixteen dollars per month; one and a half years, sixteen dollars and fifty cents per month; two years, seventeen dollars per month; two and a half years, eighteen dollars per month; three years or over, nineteen dollars per month. In case such person has reached the age of seventy years and served ninety days, eighteen dollars per month; six months, nineteen dollars per month; one year, twenty dollars per month; one and a half years, twenty-one dollars and fifty cents per month; two years, twenty-three dollars per month; two and a half years, twenty-four dollars per month; three years or over, twenty-five dollars per month. In case such person has reached the age of seventy-five years and served ninety days, twenty-one dollars per month; six months, twenty-two dollars and fifty cents per month; one year, twenty-four dollars per month; one and a half years, twenty-seven dollars per month; two years or over, thirty dollars per month. That any person who served in the military or naval service of the United States during the Civil War and received an honorable discharge, and who was wounded in battle or in line of duty and is now unfit for manual labor by reason thereof, or who from disease or other causes incurred in line of duty resulting in his disability is now unable to perform manual labor, shall be paid the maximum pension under this Act, to wit, thirty dollars per month, without regard to length of service or age.

That any person who has served sixty days or more in the military or naval service of the United States in the War with Mexico and has been honorably discharged therefrom, shall, upon making like proof of such service, be entitled to receive a pension of thirty dollars per month.

All of the aforesaid pensions shall commence from the date of filing of the applications in the Bureau of Pensions after the passage and approval of this Act: *Provided*, That pensioners who are sixty-two years of age or over, and who are now receiving pensions under existing laws, or whose claims are pending in the Bureau of Pensions, may, by application to the Commissioner of Pensions, in such form as he may prescribe, receive the benefits of this Act; and nothing herein contained shall prevent any pensioner or person entitled to a pension from prosecuting his claim and receiving a pension under any other general or special Act: *Provided*, That no person shall receive a pension under any other law at the same time or for the same period that he is receiving a pension under the provisions of this Act: *Provided further*, That no person who is now receiving or shall hereafter receive a greater pension, under any other general or special law, than he would be entitled to receive under the provisions herein shall be pensionable under this Act.

Sec. 2. That rank in the service shall not be considered in applications filed hereunder.

Sec. 3. That no pension attorney, claim agent, or other person shall be entitled to receive any compensation for services rendered in presenting any claim to the Bureau of Pensions, or securing any pension, under this Act, except in applications for original pension by persons who have not heretofore received a pension.

Sec. 4. That the benefits of this Act shall include any person who served during the late Civil War, or in the War with Mexico, and who is now or may hereafter become entitled to pension under the Acts of June twenty-seventh, eighteen hundred and ninety, February fifteenth, eighteen hundred and ninety-five, and the joint resolutions of July first, nineteen hundred and two, and June twenty-eighth, nineteen hundred and six, or the Acts of January twenty-ninth, eighteen hundred and eighty-seven, March third, eighteen hundred and ninety-one, and February seventeenth, eighteen hundred and ninety-seven.

Sec. 5. That it shall be the duty of the Commissioner of Pensions, as each application for pension under this Act is adjudicated, to cause to be kept a record showing the name and length of service of each claimant, the monthly rate of payment granted to or received by him, and the county and State of his residence; and shall at the end of the fiscal year nineteen hundred and fourteen tabulate the record so obtained by States and counties, and shall furnish certified copies thereof upon demand and the payment of such fee therefor as is provided by law for certified copies of records in the executive departments.

c 6—803

392,570

War Department,

ADJUTANT GENERAL'S OFFICE,

Washington, Dec 18th, 1882.

Respectfully returned to the Commissioner of Pensions.

John Le Roy, *a* private *of Company* I, 31st *Regiment* Wisconsin *Volunteers, was enrolled on the* 20th *day of* November, *1862,* at Madison for 3 years; *and is reported,* On muster-rolls of Co. to June 30, 1865 present. Regiment was in action at Bentonville, N.C. March 19/65 Not borne absent or sick on regimental return for March, 1865. Mustered out with Co. July 8/65 near Louisville, Ky.

The records of this office do not show disability alleged.

Regt. Hosp. records not on file.

M Barber

Assistant Adjutant General.

(2.)

(3—060.)

West. DIVISION. W. 119 No. 5.

ADJUTANT GEN'L'S OFFICE RECEIVED AUG 21 1882

Department of the Interior,

PENSION OFFICE,

Aug 14th, 1882

Respectfully requested of the ADJUTANT GENERAL U. S. A. *a report of service and disability in the case* No. 392390, *of*

John Le Roy

Co. I. 31. Wis. Inf.

Disabled by dislocation of right ankle

Bentonville N.C.

March 18th, 1865.

Discharged July 8th, 1865.

Wm. W. Dudley

Commissioner.

PENSION OFFICE U.S. DEC 19 1882

[9285—75,000.]

B.

WAR DEPARTMENT,

THE ADJUTANT GENERAL'S OFFICE,

WASHINGTON, AUG 22 1912

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of

John Le Roy

Co. I, 31 *Reg't* Wis. Inf.

the records show personal description as follows:

Age 22 $\frac{10}{12}$+, *height* 5 *feet,* $9\frac{1}{2}$ *inches,*

complexion light,

eyes dark grey, *hair* light,

place of birth Columbia Co., Wis.,

occupation farmer.

+ Age at enrolment also shown as 23 years, and as 22 years, and muster out roll shows age 22 years.

U.S. PENSION OFFICE. AUG 23 1912

CIVIL WAR DIVISION AUG 23 1912

Geo. Andrews

The Adjutant General.

(A.G.O. 136) *Per* E.

ADJUTANT GENERAL'S OFFICE
AUG 21 3090869 1912
WAR DEPARTMENT

CIVIL WAR 3—094. FCG
6—3364

DEPARTMENT OF THE INTERIOR,
BUREAU OF PENSIONS.

Washington, D. C., Aug 19 1912

Respectfully referred to
The Adjutant General
War Department
for personal description
age at enlistment
and any other age
shown in service

5 Enclosures

Ctf #620716
John Le Roy
I 31 Wisc Inf

J. L. Davenport
Commissioner

U. S. PENSION OFFICE.
AUG 23 1912

STATE OF WISCONSIN, } ss.
Brown County }

I, J. Busch, Register of Deeds in and for said county, do hereby certify that I have carefully compared the annexed copy of a Marriage certificate with the original record thereof, registered in Volume Four (4) of Marriages on page 61 and find the same to be a true and correct transcript thereof and of the whole of said original records. I further certify that the same was recorded in this office on the 6th day of February A. D. 1869, at 10 o'clock A m.

In testimony whereof, I have hereunto set my hand and affixed my official seal at the city of Green Bay, in said county, this 8th day of May A. D. 1916

J. Busch Register of Deeds.

STATE OF WISCONSIN, } ss.
Brown County

I, J. Busch, Register of Deeds in and for said county, do hereby certify that I have carefully compared the annexed copy of a Death record with the original record thereof, registered in Volume 18 of Deaths on page 780 and find the same to be a true and correct transcript thereof and of the whole of said original records. I further certify that the same was recorded in this office on the 10th day of May A. D. 19 16, at --- o'clock ---- m.

In testimony whereof, I have hereunto set my hand and affixed my official seal at the city of Green Bay, in said county, this 10th day of May A. D. 19 16

J Busch Register of Deeds.

By Vera M. Call Deputy.

MARGIN RESERVED FOR BINDING

Write Plainly With Unfading Ink--This is a Permanent Record

This form of certificate is to be used only by LOCAL REGISTRARS for reporting to the REGISTER OF DEEDS. Send this certificate to the REGISTER OF DEEDS when the monthly report is mailed to the state office. DO NOT distribute these blanks to undertakers or other persons required to report deaths to you. All original certificates must be sent to the state office with the monthly reports

STATE OF WISCONSIN

Department of Health—Bureau of Vital Statistics

COPY OF DEATH RECORD

1 PLACE OF DEATH

County Brown

Township or Village Wrightstown May 10, 1916.

or City (No. St., Ward)

Page No. 780 (To be filled out by the Register of Deeds)

2 FULL NAME John Le Roy

PERSONAL AND STATISTICAL PARTICULARS

3 Sex Male

4 Color XXXX White

5 Single Married Widowed or Divorced XXXXXXX Married

6 Date of Birth Dec. (Month) 25 (Day) 1838 (Year)

7 Age 78 yrs. 3 mos. 8 ds. XXXXXX XXXXXXXXXX XXXXXXXXXX

8 Occupation Carpenter XXXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXX XXXXXXXXXXX

9 Birthplace (State or country) Wisconsin

Parents

10 Name of Father John Le Roy

11 Birthplace of Father (State or country) - --------

12 Maiden Name of Mother Ursula La Sarre

13 Birthplace of Mother (State or country) ---------

14 The above is true to the best of my knowledge

(Informant) Fred Le Roy

(Address) West Wrightstown,

15 Filed April 3 1916 C. W. Mueller Registrar

XXX XXX XXXXXXXX

MEDICAL CERTIFICATE OF DEATH

16 Date of Death April (Month) 2 (Day) 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 11, 1916, to April 2, 1916, that I last saw him alive on April 2, 1916, and that death occurred on the date stated above, at 8 Am

The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) XX XX ds.

Contributory (Secondary) Aretero Solerosis

3 y. (Duration) XX mo XX ds.

(Signed) E. F. McGrath, M.D.

Apl. 4, 1916 (Address) Wrightstown,

*State the disease causing death, or in deaths from violent causes state (1) means of injury; (2) whether accidental, suicidal or homicidal.

18 Length of Residence (For hospitals, institutions, transients, or recent residents)

At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 Place of burial or removal Wrightstown, Wis.

Date of burial Apl. 5 1916

20 Undertaker H. J. Stuht

Address Wrightstown, Wis.

405

~~Finance Apr 18/16~~

3—389

DEPARTMENT OF THE INTERIOR
BUREAU OF PENSIONS

WASHINGTON, D. C., *January 2, 1915.*

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

G M Saltzgaber
Commissioner.

Ack Apr 1/16

JOHN LE ROY,
WEST WRIGHTSTOWN, WIS.
620716
BOX 76

PENSION
L
MAR
24
1915
U. S.
OFFICE

FOLD | HERE.

Dec 25-1839.

No. 1. Date and place of birth? *Answer.* I was born in Columbia Co State of Wisconsin

The name of organizations in which you served? *Answer.* Company (I) 31 Regiment of Wisconsin Infantry Volunteers

No. 2. What was your post office at enlistment? *Answer.* West Green Lake Green Lake Co Wisconsin

No. 3. State your wife's full name and her maiden name. *Answer.* Eliza Lee Roy & Maiden Eliza Victor

No. 4. When, where, and by whom were you married? *Answer.* Was married 1869 by D. O Johnson a Justice of Peace

No. 5. Is there any official or church record of your marriage? There is no church record

If so, where? *Answer.*

No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all former wives. *Answer.* Was never Married but once

FOLD | HERE.

No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any miltary or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. *Answer.* She was never married before.

No. 8. Are you now living with your wife, or has there been a separation? *Answer.* I am living with my wife There was never no Separation

FOLD | HERE.

No. 9. State the names and dates of birth of all your children, living or dead. *Answer.* John S Lee Roy born in June 25-1871. & Agnes Josephine Lee Roy was born Jan 16-1874. Mary I Lee Roy was born April 23-1876. Ida E Lee Roy was born in Feb 23-1879. Frank W Lee Roy was born in Nov 26-1882. Fred A Lee Roy was born in Feb 18-1886. Leo Joseph Lee Roy was born in Octo 16-1889. Gertrude E Lee Roy was born Sept 4-1891 Sherman S Lee Roy was born in Sept 19-1894.

Date March 22-15

(Signature) John Lee Roy

6—272

✓

N2-5 adj

Ackd

State of Wisconsin)
Brown County)ss

In the matter of the pension claim of Eliza Le Roy, Widow, of John Le Roy deceased, late a private Co I, 31st Wis Vol Inf, personally appeared before me a Notary Public in and for the county and state aforesaid Louis Vieau who being by me first duly sworn on oath deposes and says I have known and been intimately acquainted with the applicant above named since before the civil war, I am 72years of age, I knew both the applicant and her husband John Le Roy before either of them were married, and I know that neither of them were married before they were married to each other, I know that they were married January 18th 1869, for I was married on the on the same day that they were married, and I know that they have lived together as husband and wife from the time they were married untill he died April 2nd, 1916, and I know that he died on said date for I was at the funeral and I know that she has not remarried since his death, and I know that her name was Eliza Victor before she was married to said John Le Roy.

Louis Vieau

Subscribed and sworn to before me this 27th day of April, A.D. 1916, and I certify that the above affidavit was read and fully explained to the affiant before he signed his name to the same, and that I am personally acquainted with the affiant and know that he is of good moral character and in every way worthy of belief, and that I have no interest directly or indirectly in the prosecution of this case.

Wm Handeyside

Notary Public, Brown County, Wisconsin.

P.O.address De Pere, Wisconsin.

U. MAY 12 1916 S.

RECORD
MAY 13 1916
DIVISION

State of Wisconsin)
Brown County) ss

In the matter of the pension claim of Eliza Le Roy, Widow, of John Le Roy, late a private in Co I, 31st, Wis Vol, Inf, personally appeared before me a notary public in and for the County and State afforesaid Lydia, A, Vieau aged 68 years whose post office address is No 417, Fifth St, Green Bay, Wisconsin, who being by me first duly sworn in regard to said claim deposes and says, I have been personally and intimately acquaimted with Eliza Le Roy since she was 8 years of age and I know that she was not married before she was married to John Le Roy the soldier above named, and I know that they were married on the 18th day of January 1869, at wrightstown, Wisconsin, for I was married on the same day, and I know that they have lived together as husband and wife from that time in 1869, untill he died, April 2nd, 1916, I knew the soldier a short time before the were married, and I have known them so well that I certainly should have have heard of his marriage if he had been married before he was married to her the above named applicant, I know that her name before she was married was Eliza Victor, I know these things from having been neighbors to them for many years and fromknowing them personally from the time I was a small girl untill the present time.

Lydia A Vieau

Subscribed and sworn to before me this 27 th day of April, A.D. 1916, and I certify that the witness is of good character and worthy of belief, and that I read and fully explained the contents of the above affidavit before she subscribed her name to same, and that I have no interest directly or indirectly in the prosecution of this claim.

Wm Handeyside

Notary Public, Brown County, Wisconsin.
P.O. Address, De Pere, Wisconsin.

WILLIAM HANDEYSIDE NOTARY PUBLIC BROWN COUNTY, WIS.

PENSION L MAY 12 1916 U. S. OFFICE.

RECORD MAY 13 1916 DIVISION

State of Wisconsin)
Brown County)ss

In the matter of the pension claim of Eliza Le Roy, Widow of John Le Roy, late a private in Co I, 31st Wis, Vol, Inf, personally appeared before me a Notary Public in and for the State and County afforesaid, Nicholas Remmel, age 68 years, whose post office address is West Wrightstown, Wisconsin, who being by me first duly sworn on oath deposes and says, I have been intimately acquainted with the applicant above named, and with her late husband John Le Roy, for 54 years last past, and I know that neither of them were married before they were married to each other, I know that they were married about the year 1869, I did not see them married but I know that they have lived together as husband and wife since that time untill he died April 2nd 1916, and I know that she has not remarried since his death, and I know that her name was Eliza Victor before she was married to the soldier John Le Roy, I know these things from living near them and being neighbor to them since I was a small boy, living only about 1/4 of a mile from their home.

Nicholas Remmel

Subscribed and sworn to before me this 27th day of April, 1916, and I certify that the affidavit was read and fully explained to the affiant before he signed his name to same and that I am personally acquainted with the affiant and know him to be of good character and in every way worthy of belief, and that I have no interest direct or indirect in the prosecution of this case.

WILLIAM HANDEYSIDE

Wm Handeyside

Notary Public, Brown County, Wisconsin.

P.O.Address De Pere, Wisconsin.

PENSION L MAY 12 1916 U. S. OFFICE

RECORD MAY 13 1916 DIVISION

WESTERN JUN 23 190 DIVISION

Adjutant General's Office, Wisconsin—Pension Division.

GENERAL AFFIDAVIT FOR ANY PURPOSE.

In the matter of the West Div *Pension Claim* Incces

No. 620716 *account of* John LeRoy (Here give soldier's name.)

late a privet (Grade.) *of Co.* "I," 31 *Regiment* Wisconsin Inf

State of Wisconsin, *County of* Brown } *ss.*

On this 14 *day of* June, *A. D. 190*2 *personally appeared before me* John LeRoy, *a respectable citizen, entitled to credit, who being duly sworn says that* he *is a resident of* Wrightstown, *in the County of* Brown, *State of* Wisconsin, ~~*his*~~ his *post office address is* Wrightstown Wis, *and is* 64 *years old;* he ~~*declares that*~~ ~~*he has no interest in this claim.*~~ and he says on or about June 11th 1900 while performing manuel Labor at Fox Rive Bridge in the Village Wrightstown Wisconsin while lifting scoop shovel full Cement ready mixed for Use While lifting Pulled out main Tenden of my left arm. this was not caused by any Vicious habits and Unable to any Manual Labor ever since

John LeRoy

WITNESSES MUST STATE THEIR MEANS OF KNOWLEDGE of facts to which they testify, and write their names immediately after their statements, leaving no blank space over their signatures.
When affiant signs by mark two witnesses attest.
Jurat and Seal of Magistrate on other side.

PENSION JUN 19 1902 U. S. OFFICE.

June 19/02

Subscribed and sworn to before me, this 16 *day of* June 190 2 *and I certify that the affiant is a reputable citizen, entitled to credit, and that the foregoing affidavit was read and fully explained to* him *before* he *signed the same, including the words* ____________ *erased and the words* ____________ *added; that the certificate of my authority to act as* Notary Public *is*
(Notary Public or Justice of the Peace.) (On file with the Bureau of Pensions or attached hereto, as the case may be.)
My Commission Expires Feby. 14th, 1904 *and that I have no interest, direct or indirect in the prosecution of this claim.*

[L. S.]

N Remmel
(Signature.)

Notary Public
(Official character.)

My Commission Expires Feby. 14th, 1904.

Under Act of Congress, approved July 1, 1890---this affidavit may be executed before a Court of Record or by a Notary Public, whose official signature must be verified by his official seal, and in case he has none, or if executed before a Justice of the Peace, his signature and official character must be certified to by a Clerk of a Court of Record, or by a City or County Clerk, unless such certificate has already been filed with the Commissioner of Pensions. When duly prepared and executed, return to the Adjutant General, Madison, Wis., who prosecutes all claims for Pensions---for soldiers or their heirs residing in the State, FREE OF CHARGE.

This blank is not to be used except in claims in which the Adjutant General of Wis. appears as attorney.

ADDITIONAL EVIDENCE.

In re Increase *Pension Claim.*

No. 620716

Acc't of John Le Roy

late Pvt *Co.* "L" 31 *Reg't*
Wis Inf Vol

FILED BY
The Adjutant General
OF WISCONSIN,
STATE AGENT FOR PENSIONS,
ATTORNEY,
MADISON, WISCONSIN.

Forwarded ____________ 190__

Full name of husband..............................John Leroy

Name of the father of said husband...............John Leroy

Name of the mother of said husband...............Rosaly Leroy

Occupation of said husband,.......................Laborer

Residence of husband..............................Wrightstown, Wis.

Birthplace of husband.............................Columbia Co., Wis.

Full name of wife previous to marriage............Eliza Victor

Name of father of said wife ....John Victor

Name of the mother of said wife...................Josephine Victor

The time when the marriage was consummated........18th January. A.D.1869

The place, town or township, and county, where the marriage was consummated ....Wrightstown, Wis.

The color................................White

By what ceremony consummated...

Name of person pronouncing marriage..............D. O. Johnson

Residence of person last named...................Wrightstown, Wis.

Name of persons signing the certificate as witnesses..Louis Breyaed & Elizabeth Pilagore.

Date of certificate..............................January 18th, 1869

Date of registration.............................10 o'clock A. M. Feby. 6th 1869.

PENSION
L
MAY
12
1916
U. S.
OFFICE.

Declaration for Widow's Pension.

ACT OF APRIL 19, 1908

and acts amendatory thereto

State of Wisconsin, County of Brown, ss:

ON THIS 10th day of April A. D. one thousand nine hundred and sixteen personally appeared before me, a Notary Public within and for the County and State aforesaid Eliza Le Roy aged 64 years, a resident of Wrightstown County of Brown State of Wisconsin who, being duly sworn according to law, makes the following declaration in order to obtain pension under the provisions of the ACT OF CONGRESS APPROVED APRIL 19, 1908.

That she is the widow of John Le Roy who was enrolled under the name of John Le Roy at Green Lake Wisconsin on the 20 day of November 1862 as a Private in Company "H". 31st Wis. Vol Infantry
Here state rank and designation of organization or name of vessel
and honorably discharged July 8th 1865 having served ninety days or more during the late war of the rebellion. That the soldier was not in the MILITARY OR NAVAL SERVICE of the United States except as stated above
If any other service it should be stated in full

That she was married under the name of Eliza Victor to said soldier at Wrightstown - Brown Co - Wis, on the 18th day of January 1869 by D. O. Johnson. Justice of the Peace; that there was no legal barrier to the marriage; that she had not (Or had not) been previously married; that the soldier had not (Or had not) been previously married.

If there was a prior marriage of either, the date and place of death or divorce of former consort or consorts should be stated

That the said soldier died April 2nd 1916, at Wrightstown. Brown Co. Wis that she was not divorced from him; that she has not remarried since his death.

That the NAMES and DATES OF BIRTH of all the children of the soldier, now living and under SIXTEEN YEARS OF AGE are as follows: (*If the soldier left no children, the claimant should so state.*)

No Minor Children, born, 18, at
, born, 18, at
, born, 18, at
, born, 18, at

That she has not heretofore applied for pension, ~~Application No.~~ and that she also applies for the Accrued Pension due said soldier at his death
If prior application has been made the number thereof, the service on which it was based and the name of the soldier should be stated

~~That she hereby appoints, with full power of substitution and revocation,~~
of
~~her true and lawful attorney to prosecute this claim, and directs that the sum of Ten Dollars be paid for services.~~

That her Post-Office address is West Wrightstown
County of Brown, State of Wisconsin.

Eliza Le Roy
Signature of Claimant—full name

ATTEST:
1. Josephine Tierney
2. Mary Burns

PENSION
H
APR
13
1916
U. S.
OFFICE.

Also personally appeared Josephine Tierney, residing at Green Bay - Wis and Mary Burns residing at Sauk Rapids Minn, persons whom I certify to be respectable and entitled to credit, and who, being by me duly sworn, say that they were present and saw Eliza Le Roy the claimant, sign her name (or make her mark) to the foregoing declaration; that they have every reason to believe, from the appearance of said claimant and their acquaintance with her of 35 years and 35 years respectively, that she is the identical person she represents herself to be, and that they have no interest, direct or indirect, in the prosecution of this claim.

1. Josephine Tierney.
2. Mary Burns

Signatures of witnesses

Sworn to and subscribed before me this 10th day of April, A. D. 1916

and I do hereby certify that the contents of the foregoing declaration, &c., were fully made known and explained to the applicant and witnesses before swearing, including the words —— All the words erased, and the words and all the Words added;

and that I have no interest, direct or indirect, in the prosecution of this claim.

Declaration accepted as a claim under the act of April 19, 1908.

Chief, Law Division.

Per B

[L. S.]

Wm Handeyside
Official signature

Notary Public
Official character

P.O. adress De Pere - Wis

☞ To be executed before some officer of a Court of Record having custody of its seal, a Notary Public, Justice of the Peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, County, or City officer under his official seal, unless such a certificate has been filed in the Bureau of Pensions for general reference.

Testimony in support of allegations made in a declaration may be taken before any officer whose authority and signature are duly certified, and who shall disclaim any interest, direct or indirect, in the prosecution of the claim.

Finance Div. Notified of Death. APR 14 1916
V. L. S.

I.C. 620716 [illegible]

Ackd. G-1

Act of April 19, 1908.

CLAIM FOR PENSION

No WIDOW B

Claimant, Eliza Le Roy

Soldier John Le Roy

Service Co, I- 31st Wisconsin

~~Volunteer~~ Infantry.

FILED BY

LAW DIVISION APR 14 1916 RECEIVED

RECORD APR 15 1916 DIVISION

For sale by J. H. SOULÉ, Washington, D. C.

P.

3—1081

PENSIONER DROPPED

DEPARTMENT OF THE INTERIOR

BUREAU OF PENSIONS

APR 20 1916, *191*

Certificate No. 620.716.

Class ACT OF MAY 11, 1912.

Pensioner

Soldier John Le Roy.

Service I - 31st Wis. Infy.

The Commissioner of Pensions.

Sir:

I have the honor to report that the name of the above-described pensioner who was last paid at $ 30-, *to* Jany. 4, 1916, *has this day been dropped from the roll because of* death Apr. 2, 1916.

Very respectfully,

Chief, Finance Division.

NOTE.—Every name dropped to be thus reported at once, and when cause of dropping is death, state date of death when known.

6—2249

ELIZA LE ROY

808560 MAY WID
WIS VETERANS HOME WIS

3-1081

DROP REPORT—PENSIONER

Cert. No.

Pensioner

Soldier

Service

Class ACT MAY 1, 1920-WIDOW SEC. W

RECORD DIVISION

, 192

In the above-described case a declaration filed in this Division indicates that said pensioner died

, 19

Chief, Record Division.

FINANCE DIVISION

JAN 13 1928, 192

The name of the above-described pensioner who was last paid at the rate of $ 30 per month to DEC 4 1927, 19, has this day been dropped from the roll because of death

Dec. 11, 1927

O. J. Randall

Chief, Finance Division.

6—2249

GOVERNMENT PRINTING OFFICE

GENERAL AFFIDAVIT FOR ANY PURPOSE.

SEE FOOT NOTE.

STATE OF Wisconsin

COUNTY OF Brown ss:

Personally appeared John Leroy

~~and~~

of Wrightstown P. O., County of Brown,

State of Wisconsin who, being duly sworn upon his oath declare as follows:

That he was late a member of Company "I" 31st Regt. Wisconsin vols. and was discharged from said Co. & Regt. On 8" day of July 1865. and that he has not been in the military or naval service of the United States since Said Service and discharge.

I Henry H Hendricks personally testifies to the following facts I have Known John Le Roy ever Since we were boys I new at the time he went in to the the Servis of the United States that he was a Sound man never new him to be Sick never new that there was anything the matter with him I have lived within two miles of him ever Since the war Closed furthermore I have worked with him off and on at diferant times and I can Safely Say that he is Lame in the right ancle joint and I have Known him to have Severe pains in his right Brest have Seen him Spit blood Several times and left his work while working with me on that account that he is not a Sound man and I do not Consider that he is able to do more than on third of an able bodied mans day work

Henry H Hendricks

and I have no interest in the matter

~~and further say that knowledge of the above facts is obtained from the following sources, viz:~~

~~and that he ha no interest or concern in this matter.~~

{ If the person making affidavit signs by mark, have two witnesses sign here. }

You sign here

+ John LeRoy

Subscribed and sworn to before me, this 8th day of September, 1885, and I certify that the party whose name appears signed to the foregoing affidavit is the person he represent him to be and a good and credible witness, and that the contents of the foregoing affidavit were duly read and fully made known to affiant before making oath to the same, and that I have no interest in the matter.

(Official Signature) Charles B Brown
Notary Public

This should be Executed before Clerk of Court; but if before Justice of the Peace or Notary Public, must have Clerk of Court Attach Certificate of Official Capacity of such of J. P. or N. P. in all cases.

When complete, return to

FITZGERALD & POWELL,
Indianapolis, Ind.

Sept 26/85

…acts in the case. State how the disability is and how it h… been effecting the applicant, w… …observation. If the applicant is disabled from labor, state …f the time he lose… …o them. The affiant should, if practicable, write out the statem… …d also state how

The person … Describe as fully a… affidavit is taken sho… which they testify.

1/46

John Leroy.

PENSION
U SEP 26 1885 S
OFFICE.